



**COMHAIRLE CONTAE SHLIGIGH**  
**SLIGO COUNTY COUNCIL**

Corporate Services Department, Sligo County Council Tel: 071 911 1111

**Appendix A**

**COMPLAINT FORM**

**A) Your details**

Surname .....

Forename (s) .....

Title: Mr/Mrs/Ms/if other please state .....

Address .....

.....

.....

E-mail address .....

Day time telephone number: .....

Mobile Number .....

Pease state by which of the above methods you would like us to contact you

.....

**Your requirements**

If our usual way of dealing with complaints is difficult for you, please tell us so that we can discuss how we might help you.

The person who experienced the problem should normally fill in this form. If you are filling this in on behalf of someone else, please fill in Section B. Please note that before taking forward the complaint, we will need to satisfy ourselves that you have the authority to act on behalf of the person concerned. This will require the consent of the complainant who will be required to complete a Consent form to allow a third party to represent them (See Appendix B).

**B) Making a complaint on behalf of someone else:**

Their name in full .....

Their address .....

.....

.....

What is your relationship to them? .....

Why are you making a complaint on their behalf? .....

.....

.....

**a) About your complaint (Please use additional sheets if necessary)**

What do you think we did wrong, or failed to do?

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.....

.....

Describe how you personally or the person you are representing suffered or has been affected

.....

.....

.....

What do you think should be done to put things right?

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.....

.....

Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so.

.....  
.....

If you have any documents to support your concern/complaint, please attach them with this form.

Please note that in order to investigate complaints, this will often require the individual appointed to conduct the investigation to access relevant personal and/or sensitive data on behalf of the complainant. By submitting this complaint, you are hereby giving consent to same.

**Signature** .....

**Date** .....

The completed form must be submitted to

*Senior Executive Officer  
Corporate Services  
Sligo County Council  
County Hall  
Riverside  
Sligo*

*Sligo County Council is compliant with Data Protection Legislation including the provisions of the Data Protection Act 2018 and GDPR.*

*To access Sligo County Council's Privacy Statement, please see the following link:*

<https://www.sligococo.ie/gdpr/>



**COMHAIRLE CHONTAE SHLIGIGH  
SLIGO COUNTY COUNCIL**

Corporate Services Department, Sligo County Council Tel: 071 911 1111

**Appendix B**

**CONSENT FOR ADVOCATE/REPRESENTATIVE**

I/We hereby give consent to *(enter the name & address of person you wish to nominate as a representative on your behalf)*.

Name: .....

Address: .....

.....

.....

Contact No: ..... E-mail address:.....

to act on my/our behalf in submitting this complaint to Sligo County Council. I/We give consent for the above named to have access to all data, including sensitive data, exchanged by myself and Sligo County Council for the purposes of making this complaint. I/We also give permission to the above named advocate/representative to receive a copy of all correspondence which will issue from Sligo County Council and to submit information to Sligo County Council on my/our behalf for the purposes of dealing with this complaint.

Signature of Complainant: .....

Signature of Joint Complainant: ..... (if applicable)

Print Name: ..... Print Name: .....

Date: ..... / ..... / .....

Signature of Nominated Advocate / Representative  
.....

**Note: Proof of identification of Advocate/Representative to be provided (except in the case of an Elected Representative of Sligo County Council or a Dáil Deputy for the Sligo-Leitrim Constituency)**

*Proof of identification submitted for the named advocate/representative.* *For official use only*  
Passport      Public Service Card      Other (Specify)