

GLASGOW WEST HOUSING ASSOCIATION LIMITED  
SERVICE QUALITY GUARANTEE  
COMMENTS AND COMPLAINTS POLICY  
FEEDBACK FORM  
REF: FC200...../...../.....



Please let us know if you have a **COMMENT, SUGGESTION or COMPLAINT** to make about any aspect of our service or how the Association has dealt with you. Prior to completing this Form, please read the information leaflet "Service Quality Guarantee – Comments and Complaints Policy guidance".

If you have any queries about completing this Form or if you need assistance to complete it, please contact the office.

**I WANT TO:**

Make a comment

Make a suggestion

Make a complaint

**THE DETAILS OR MY FEEDBACK ARE:**

(Please be as specific as possible. Provide dates relating to events and/or supporting documentation)

**HOW HAS THIS AFFECTED YOU?**

(Please tell us how this matter has affected you?)

**WHAT ACTION DO YOU THINK WOULD BE FAIR AND REASONABLE FOR US TO TAKE?**

**HAVE YOU SPOKEN WITH A MEMBER OF OUR STAFF ABOUT THIS MATTER?**

(If yes, please indicate who you spoke with and when and, if possible, provide a brief summary of the information you received.)

Name:

Date:

You will automatically be sent an acknowledgement of your feedback and it will be centrally recorded and taken into consideration.

Would you also like a written response?      Yes                      No

**FOR OFFICE USE ONLY:**

Date Recd	Passed to	Comp stage	Acknow Issued	Resp Issued	File Closed	Sat Form Issued	Further Action

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