



# Cavan Local Authorities

## Customer Service Query Form

We are committed to providing an efficient and courteous service. If you are dissatisfied with the quality of our service, please complete and return this form to

**The Customer Relations Officer**  
**Corporate Affairs**  
**Cavan County Council**  
**Courthouse**  
**Cavan.**

Your complaint will be dealt with in accordance with the complaints and appeals procedure adopted by Cavan local authorities. Details available at any of our offices.

### Please complete in block print

Your Name:
Your Address:
Your Telephone Number:

### Official Use Only

Date Complaint received:
Referred to / date:
Reference Number:
Date acknowledged:
Date decision issued:
Appeal received:
Appeal decision:
Directorate:

**Please give details of your complaint in block print**

Section or Division:

Date of Complaint:

P.P.S. No. Optional

Nature of Complaint:

Your signature:

Date: