

# Norfolk Rivers Internal Drainage Board



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**Kettlewell House**  
**Austin fields Industrial Estate**  
**King's Lynn**  
**Norfolk**  
**PE30 1PH**

## COMPLAINT FORM

|                   |
|-------------------|
| <b>Your name:</b> |
| <br>              |

|   |
|---|
| <b>Your address (including postcode):</b> |
| <br><br><br>                              |

|                               |
|-------------------------------|
| <b>Your telephone number:</b> |
| <br>                          |

|                             |
|-----------------------------|
| <b>Your e-mail address:</b> |
| <br>                        |

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|---|
| <b>What is the nature of your complaint? (Please give as much detail as you can):</b> |
| <br><br><br><br><br><br><br><br><br><br>  |

**What action would you like the Board to take to resolve your complaint?**

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**What action should the Board take to prevent similar complaints in the future?**

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| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|
|                |              |

This form will be passed to the Board's Chief Executive Officer, who will identify a senior employee of the Board to deal with your complaint. The Board will acknowledge receipt of this form within 5 working days, and inform you of the name of the employee dealing with your complaint. Within 15 working days of the date of the acknowledgement the Board will write to you again detailing the outcome of its investigations, or providing you with a progress report together with an expected date of completion, if further examination of the matter is required.

If you are not satisfied with the Board's final response, you should write directly to the Chief Executive Officer at the address shown at the top of this form, who will then make arrangements for a further review of your complaint.

**FOR OFFICIAL USE:**

| <b>Date received:</b> | <b>Reference number:</b> | <b>Person dealing with complaint:</b> |
|-----------------------|--------------------------|---------------------------------------|
|                       |                          |                                       |