Please fill in your details in BLOCK CAPITALS below.	Are you contacting us about:
Your details	Adult Social Care Children's Social Care
Title: Mr Mrs Miss Ms Other	Housing Public Health
Address: J. Postcode:	Any other Council Service Do you want to make a: Complaint Compliment Comment Please give as much detail as you can about your
E-mail: Phone Number:	complaint, compliment or comment in the space below.
Are you contacting us on behalf of someone else? Yes \[\subseteq \text{No } \[\subseteq \]	CLOSURE OF LIBRARIES AND MARKET.
If you answered yes, please provide their details below:	UNBELIEVABLE TO CONSIDER TO CLOSE
Title: Mr Mrs Miss Ms Other First Name: Surname: Address:	THESE FAMOUS BULDINGS OF DARLINGTON THESE ARE YOUR HERITAGE, SUCH A BEAUTIFUL MARKET TOWN. T CANNOT SEE THE LOGIC IN THIS DECISION AFTER A NEW CARPARK OPEND THIS WEEK IN THE TOWN CENTRE.
Postcode: E-mail: Phone Number:	ALSO THE CINEMA CONPLEX TO OPEN SOON ALL NEW FOOT FALL COMING INTO A BOARDED UP TOWN CENTRE.
Please ask the person who you are acting on behalf of to sign to confirm they give their permission for us to share information with you:	THIS HAS GOT TO BE POLITICAL
Signed: Date:	THE WORKING PEOPLE ARE JUST PANNE IN YOUR FIGHT WITH THE GOVENMENT SHAME ON YOU.
(representative)	

THIS IS NOT THE RIGHT WAY TO DEAL WITH	2	If you are making a complaint, what would you like us to do to put things right?
Jogs.		
F AM BEING SELFISH AS 4 USB		
THESE BUILDINGS EVERY WEEK AS		
DO THOUSANDS OF STHEL PEOPLE		
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PHEASE RECONSIDER		
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		If you are making a complaint, have you already
		contacted the Council about your complaint? Yes No
		If we are the artificial contract O
		If yes, who did you contact?
		If you are making a complaint, do you feel you have been
		discriminated against? Yes V No
	۵	If so, on what grounds?
		Signed:Date:
		Please send this form back to us at:
		Complaints & Information Governance Team,
		Town Hall, Darlington, DL1 5QT.