

3. WHAT WOULD YOU LIKE US TO DO TO RESOLVE MATTERS?

Have we provided you with sufficient advice about our complaints procedure, and about the Scottish Public Services Ombudsman service?

YES NO

Is there anyone you do not want us to speak to in dealing with your appeal?

YES NO

Please provide any additional information regarding the above questions:

Notes taken by: _____

Date: _____

I confirm that this note is an accurate record of my appeal

Signature of applicant: _____

Date: _____

Thank you for completing this form



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