



Complaint Form

Please send us details about the incident you would like to report. Our Customer Services Officer will provide a reply having fully considered the nature and extent of the complaint.

Date of Complaint

Name:

Forename

Surname

Address:

Tel. No.

E-mail

Date of Reported Incident:

Incident Location:

**Complaint
Details:**

Signed:

Date:

Your privacy is important to us. The information contained in this form will only be used to investigate the complaint outlined above. It will not be shared with anyone for any other purpose and will be deleted in line with our Records Retention Policy. Please access www.lcetb.ie for our Data Protection Policy and Records Retention Schedule.