Walton Village Hall and Reading Room Management Committee

Complaint Form

Complainant Details:

- Name: ____
- Address: ____
- Contact Number: ____________________________________
- Email: ____

Complaint Details:

- Date of Incident: ____________________________________
- Time of Incident: ____________________________________
- Location: ____
- Description of Complaint (please provide as much detail as possible):

Supporting Documents: (Please attach any relevant documents, emails, or photographs that support your complaint.)

Desired Outcome: (What resolution are you seeking?)

Declaration: I confirm that the information provided is accurate to the best of my knowledge.

Signature: ________________________ Date: ________________

Version : 1
Date of Issue: 20/8/2025
Revision Date: 20/8/2026