



Comhpháirtíocht Leader Waterford Leader
Phort Láirge Partnership

EXTERNAL COMPLAINT FORM

Complainant Name	
Address	
Email	
Tel No.	
Mobile No.	

Describe in detail the nature of the complaint:
(Please insert names, dates and locations)

**Give the name of the person you
first reported the complaint to:**

WLP Office Address:	
Describe how your complaint has affected you negatively:-	
Describe what action can be taken in order to effectively deal with your complaint:	
Any additional comments:	

(Please note that any complaints in relation to projects funded under the Rural Development LEADER programme are dealt with by a separate appeals process).

Signed by Complainant: _____

Dated: _____

Please return the signed and date form to Waterford Leader Partnership Ltd, Complaints Officer, John Barry House, Lismore, Co Waterford. *(Only forms that are signed, dated and that provide contact details will be acted on)*