



Customer Complaint Form

We value your feedback and are committed to addressing any concerns you may have. Please fill out the form below to help us understand and resolve your issue promptly.

1. Personal Information

- Full Name: _____

- Email Address: _____

- Phone Number: _____

- Preferred Method of Contact:

- [] Email

- [] Phone

2. Complaint Details

- Date of Incident: ___ / ___ / _____

- Time of Incident (if applicable): _____

-*Location (if applicable): _____

- Staff Member Involved (if known): _____

-*Description of Complaint:

(Please provide a detailed description of the issue)

3. Supporting Documents

- [] I have attached relevant documents/photos to support my complaint.

(Please ensure to attach any supporting evidence when submitting this form.)

4. Desired Resolution

-(Please let us know how you would like us to resolve this issue)_

5. Declaration

- [] I confirm that the information provided in this form is true and accurate to the best of my knowledge.

- Signature: _____

-Date ___ / ___ / _____

Submission Instructions:

Please complete and return this form via email to complaints@watkinjones.com or mail it to Watkin Jones PLC, Kingsfield Court, Chester Business Park, Chester CH4 9RE

We aim to acknowledge receipt of your complaint within [5] working days and provide a resolution within [20] working days.

Thank you for taking the time to inform us about your experience.