

**Licensing – Complaint Form**

**This form is confidential, and your personal information will not be disclosed to any other party.**

For Slough Borough Council to complete its investigations in a timely fashion it is essential that you return this form within 10 working days of the incident you wish to complain about.

Licensing Team

Slough Borough Council

Observatory House

25 Windsor Road

Slough

SL1 2EL

Email: [licensing@slough.gov.uk](mailto:licensing@slough.gov.uk)

Tel: 01753 875664

Please complete as much of the form as possible (giving full details) so that the incident/allegations can be fully investigated.  
  
An investigation into any complaint cannot be commenced until this form has been completed and returned to the licensing team.

|  |  |  |
| --- | --- | --- |
| 1. | Are there any independent witnesses (persons not involved or connected with any of the parties concerned) who are willing to provide a statement? | **YES / NO** |
| 2. | Did you record the registration or plate number of the vehicle? (if applicable) | **YES / NO** |
| 3. | Did you record any other details identifying the vehicle and/or driver? (if applicable) | **YES / NO** |
| 4. | Are you willing to attend a Licensing Sub-Committee hearing if necessary? | **YES / NO** |
| 5. | Are you willing to provide a section 9 Witness Statement if necessary? | **YES / NO** |
| 6. | Are you willing to attend Magistrates Court if necessary? | **YES / NO** |

**Please note**

If your complaint relates to a taxi or private hire driver/vehicle and you have answered ‘**No’** to numbers **2** & **3** it is unlikely that the licensing team will be able to identify either the vehicle or driver and therefore will be unable to investigate.

If you have answered **‘No’** to questions **1**, **4**, **5** & **6** Slough Borough Council will be limited to what action can be taken against any individual licence holder or premises.

Please use **BLOCK CAPITALS** and **BLACK INK** when completing this form.

|  |  |
| --- | --- |
| Full name: | Contact tel: |
| Address: | Email address: |

Please describe the nature of your complaint/incident, giving as much information as possible?

|  |
| --- |
| **Date:** |
| **Time:** |
| **Complaint**  ***(e.g. location, road name, licence number, vehicle reg, premises name, URN number if reported to the Police, etc)*** |

Witness details (if applicable)

|  |  |
| --- | --- |
| Forename(s) |  |
| Surname |  |
| Contact details |  |

**I confirm that the information I have given is correct and true to the best of my knowledge.**

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |