IANS TAXIS

122 HIGH STREET WINSFORD CW72AP

Tel: 01606 863 800 email: **IANSWINSFORD@HOTMAIL.COM**

COMPLAINTS PROCEDURE – FOR VEHICLES UPTO 8 PASSENGERS

(IANS TAXIS) will respond to all written complaints (received by email or post) within 28 days from the date of receipt.

If a Complaint is not responded to within this timeframe, the customer can forward their complaint to the local authority (Cheshire West and Chester) at the address noted below:

Cheshire West & Chester Council
Licensing Team
Council Offices
4 Civic Way
Ellesmere Port
Cheshire CH65 0BL

If you have a complaint in relation to ***(IANS TAXIS)***, please follow the procedure detailed below:

For any complaint, regarding the service provided, a person employed or a vehicle operated by ***(IANS TAXIS*** , please send all details to the address noted on the attached Complaints form. Please be as specific as possible and include as much detail as possible. Where applicable please include, dates, times and any other evidence you may have to support your complaint.

Attached is a complaint form for you to complete but please feel free to continue onto another sheet if required.

You can also email your complaint if preferred to: ***email address here***

All complaints, will be responded to within 28 days from the date of receipt. If we require further information we will contact you, so it's important you include your contact details on the form.

For any questions please call our office on ***phone number here***, Monday to Friday between 9.30 am and 4.30 pm

IANS TAXIS

Customer Complaint Form (vehicles up to 8 passengers)

To be posted to : (*Operator name here*), *Name and address of Operator here*

Email: *email address here*

Nature of Complaint (please tick)	**Vehicle Related**	**Service Related**	**Driver Related**	**Other (please specify)**
Date of Incident if applicable				
Time of incident (approximately will suffice if exact time not known, ie AM or PM)				
Please give as much information as possible about your complaint below. (please use a separate sheet if required)				

Name of Person making Complaint	
Your Address	
Contact Tel. Number (mobile or landline)	
Email address if available	
Date of Complaint	
Date Complaint received by Cheshire Travel (Office Use only)	
Complaint Ref: (office use only)	

If you have any supporting evidence, please include this also with this form. We will respond to your complaint within 28 days of receipt of your complaint to our office.

(OPERATOR NAME HERE)

COMPLAINT LOG 2016 (not to be loaded onto Website, office use only)

V - VERBAL

W - WRITTEN

COMPLAINT REF	DATE RECEIVED	DATE OF INITIAL RESPONSE TO CUSTOMER	COMPLAINT RESOLVED	COMPLAINT FORWARDED TO CWAC (DATE)

(OPERATOR NAME HERE)

COMPLAINT ACTION FORM (not to be loaded onto website, office use only)

COMPLAINT REF	ACTIONS TO BE TAKEN	DATE ACTION COMPLETED	DATE COMPLAINT CLOSED
