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|---|------------------------------|-----------------------------|
| Have you already spoken to a member of staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

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| If Yes who and when: | Name: | Date: |
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| What did that member of staff say or do? |
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| Why are you dissatisfied with this response? |
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| What do you think Weslo should do to resolves your complaint? |
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|----------|-------|
| Signed : | Date: |
|----------|-------|

PLEASE RETURN TO
Housing Manager
Weslo Housing Management
66 North Bridge Street
Bathgate EH48 4PP