PEMBROKESHIRE COUNTY COUNCIL **Tel: 01437 764551**
HOUSING COMMISSIONING

RECORD OF COMPLAINT

My Name: ……..

Address: ……

……

……

Telephone number ……

Name(s) & Address of Person/s Causing the Problem

……

……

……

Date & Time	Details of Incident Identity and Address (If Known) of Persons Involved

I confirm the records on this page is true to the best of my knowledge, and I make it knowing that if it is tendered in evidence I shall be liable to prosecution if I have willfully stated in anything which I know to be false.

Signed: ……

Date & Time	Details of Incident Identity and Address (If Known) of Persons Involved

Signed: ………………………………………………………………………………

Please continue on a separate sheet if necessary.

I confirm the records on this page is true to the best of my knowledge, and I make it knowing that if it is tendered in evidence I shall be liable to prosecution if I have willfully stated in anything which I know to be false.