

# Complaints form

|                                    |                     |
|------------------------------------|---------------------|
| <b>Project Name</b>                | Langrick Manor Farm |
| <b>EPR</b>                         | EPR/CP3428MY/P001   |
| <b>Type (New Permit/Variation)</b> | New                 |

| Intensive Farming General Complaints Form                                                                    |                                 |      |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|------|
| Name of Farm                                                                                                 |                                 |      |
|                                                                                                              |                                 |      |
| Time and Date of Complaint                                                                                   | Name and Address of complainant |      |
|                                                                                                              |                                 |      |
| How complaint was received, e.g. telephone call, visit, etc.?                                                | Email address of complainant    |      |
|                                                                                                              |                                 |      |
| Who first received the complaint?                                                                            | Telephone number of complainant |      |
|                                                                                                              |                                 |      |
| Who was the complaint reported to for further action?                                                        |                                 |      |
|                                                                                                              |                                 |      |
| Type of complaint (give all relevant details – use space overleaf if necessary)                              |                                 |      |
|                                                                                                              |                                 |      |
| Describe the activity which was happening at the time of the complaint (include names of any relevant staff) |                                 |      |
|                                                                                                              |                                 |      |
| Any other relevant information                                                                               |                                 |      |
|                                                                                                              |                                 |      |
| Are there any other complaints relating to the installation or that location? (If yes, give details)         |                                 |      |
|                                                                                                              |                                 |      |
| Actions taken and by who                                                                                     |                                 |      |
|                                                                                                              |                                 |      |
| Form completed by                                                                                            | Signed                          | Date |
|                                                                                                              |                                 |      |
|                                                                                                              |                                 |      |