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| **Best Customer Care nomination form** |

**Please provide details of the person you are nominating.**

|  |  |
| --- | --- |
| Full Name: |  |
|  |  |
| Job title: |  |
|  |  |
| Team: |  |
|  |  |
| Line manager: |  |
|  |  |
| Department: |  |

**Please provide your contact details**

|  |  |
| --- | --- |
| Your Name: |  |
|  |  |
| Email address: |  |
|  |  |
| Telephone number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you happy for the person you are nominating to know your name and see your comments?** |  | Yes |  | No |
|  |  |  |  |

Tell us why you think your nominations are Bolton’s Best and email this to boltonsbest@bolton.gov.uk

If you need more space please use a separate sheet of paper.

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