



Complaint Report Form

1. Customer details

Title (Mr, Mrs, etc)	Family name (surname)	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address (if applicable)	Assessment No./Debtor Reference		
<input type="text"/>	<input type="text"/>		

2. Details of other person or supplier involved in this complaint

Name			
<input type="text"/>			
Street address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address (if applicable)			
<input type="text"/>			

3. Category of Complaint

<input type="checkbox"/> Roads	<input type="checkbox"/> Animal Control
<input type="checkbox"/> Public Spaces (including recreation, parkland etc)	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Caravan Park	<input type="text"/>
<input type="checkbox"/> Staff/Councillors	
<input type="checkbox"/> Other Infrastructure (including pathways, lights and sewerage)	
<input type="checkbox"/> Rubbish Tip	

4. Details of what the customer complaint is (include date of incident, location and attach photos if applicable)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature	<input type="text" value="X"/>	Date	<input type="text" value="/ /"/>
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Office use only

Complaint received by	Date received	In person
<input type="text"/>	<input type="text" value="/ /"/>	<input type="checkbox"/>
Action taken or required	In writing	
<input type="text"/>	<input type="checkbox"/>	
Date action completed	Signature	
<input type="text" value="/ /"/>	<input type="text" value="X"/>	