

Complaints Form

This form must be completed when a complaint relating to Council Functions is received by Council

Name of Complainant			
Postal address			
Telephone number(s)	Work:	Home:	Mobile:
Date incident occurred:	Date complaint received:		
Description of complaint:			
To be completed by Officer:			
Name of person investigating complaint			Date received:
Acknowledgement letter sent to complainant			Date:
Is complaint justified?	(Explain)		
Actions taken: (if additional space required attach sheets to application form)	1. 2. 3. 4.		
What prevention measures have been put in place to ensure this does not happen again?	1. 2. 3. 4.		
Complainant advised in writing of actions taken			Date:
Any further action required?	(Explain)		
File closed and register updated?			Date:
Signed by:	Name:	Date:	