



CUSTOMER COMPLAINT FORM

All personal details remain CONFIDENTIAL

Use this form to lodge a complaint about Council's services, administrative action(s) or the conduct of our people. Please do not use this form to request normal services from Council eg reporting of potholes or overhanging trees. These should be reported by calling (08) 8752 1044, filling out a Job Docket, emailing office@tatiara.sa.gov.au or in person at the Council office.

COMPLAINT DETAILS

Title: _____ Last Name: _____ First Name/s: _____

Address: _____ P/Code: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Other ways to contact you (eg facsimile, e-mail): _____

Details of Complaint*

Please provide full details of your complaint including times, dates, places, people involved and any background information you think would be useful. If necessary please provide additional information on a separate sheet.

WITNESS DETAILS (if applicable)

Name: _____

Address: _____ Daytime Contact Number: _____

COMPLAINT OUTCOME:

As a result of making this complaint, is there any outcome you would like? Yes No

If yes, please provide details:

Have you raised your complaint with us before? Yes No If yes, tell us who you spoke to, what you were told and why you are still dissatisfied. Attach any documentation you have from your previous contact. Use a separate sheet if needed.

WHAT TO EXPECT

We take complaints seriously. Your information will be treated confidentially. We will inform you of progress and we will endeavour to resolve your complaint within 15 days.

Received by Council Officer – (Signature): _____

Date: _____

OFFICE USE ONLY

Complaint received by:

- Telephone E-mail Fax Councillor
 Letter In Person Web Other (Specify): _____

Date Received: __/__/__

Staff Member who received the Complaint: _____

Position: _____

Summary of Advice provided to complainant on initial contact:

INVESTIGATION DETAILS

Name of person investigating incident: _____

Title: _____ Date of investigation: __/__/__

Investigation Details: _____

(If no action is to be taken, please explain why)

ACTIONS ARISING FROM INVESTIGATION

Date to be completed _____

Immediate _____

Further Recommendations

INVESTIGATION OFFICER

Signature _____

Date: _____

Complainant Advised Yes No File No _____

Date: _____