

GENERAL COMPLAINTS FORM

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be accessed by Council Officers who have been authorised to do so. Your information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information is handled in accordance with the *Information Privacy Act 2009*.

YOUR DETAILS – THE APPLICANT

NAME			
POSTAL ADDRESS			
PHONE		FAX	
EMAIL			

Please advise Council as soon as possible if any of your contact details change.

IF COMPLETING ON BEHALF OF SOMEONE ELSE

NAME OF THAT PERSON	
WHAT IS YOUR RELATIONSHIP WITH THAT PERSON	

Please provide proof of your authorisation – i.e. a written authorisation by the individual wishing to make the complaint. Please submit it with this form.

COMPLAINT DETAILS

HAVE YOU RAISED THIS COMPLAINT WITH COUNCIL BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, PLEASE OUTLINE WHO YOU SPOKE TO, WHAT YOU WERE TOLD AND WHY YOU ARE STILL DISSATISFIED. PLEASE ATTACH ANY DOCUMENTATION YOU HAVE FROM PREVIOUS CONTACT. ATTACH A SEPARATE SHEET IF NEEDED.

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IF THIS IS THE FIRST TIME YOU ARE CONTACTING COUNCIL, PLEASE TELL US WHAT HAPPENED, WHO WAS INVOLVED AND WHEN AND WHERE DID IT HAPPEN?

FOR EXAMPLE, DOES YOUR COMPLAINT INVOLVE A DECISION THAT IMPACTS ON YOU OR THE QUALITY OF SERVICE?

MAKE SURE YOU TELL US THE SPECIFIC AREA WHERE THE PROBLEM OCCURRED. ATTACH A SEPARATE SHEET/S IF NEEDED.

HAVE YOU DONE ANYTHING ABOUT YOUR COMPLAINT ALREADY?

(I.E. SOUGHT ASSISTANCE FROM YOUR LOCAL COUNCILLOR, SOLICITOR, PROFESSIONAL ADVISOR OR AN INVESTIGATION AGENCY?)

IF YES, PLEASE ADVISE THE DETAILS E.G. THE PERSON YOU SPOKE TO WHEN THE ADVICE WAS RECEIVED.

Council takes all complaints seriously. We will acknowledge receipt of this complaint within 7 working days and advise you what we will do and how long you can expect it to take.

SIGNATURE

Date

PRINT NAME

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Once completed please send form and any attachments to:
records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744
or deliver in person to any local Isaac Regional Council office

DEPARTMENT USE ONLY

COMPLAINT RECEIVED BY

- Telephone Email Fax Letter In person Web
 Other (**PLEASE SPECIFY**)

DATE RECEIVED

STAFF MEMBER WHO RECEIVED COMPLAINT

POSITION

PROCESSED BY

Signature

Print Name

Date