



PortAugusta
CITY COUNCIL

CUSTOMER COMPLAINT FORM

All sections as marked * are to be completed prior to lodging form at Council

All personal details remain CONFIDENTIAL

Complaints will be acknowledged within 5 working day
of receipt and a resolution within 15 days

*Name of person making Complaint _____

*Residential Address _____

*Postal Address _____

*Contact Number/s _____ Email _____

COMPLAINT DETAILS

Date of Incident (if relevant) _____ Time _____

Location of Incident _____

Who/What is the subject of your Complaint _____

Summary of Complaint/Issue _____

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 _____

**Upon signing this form I agree that should legal proceedings be required I will
APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH OF THIS COMPLAINT**

*Complainants name _____
(signature) (date)

Lodge written Complaint:

- By posting to Port Augusta City Council, PO Box 1704, PORT AUGUSTA SA 5700
- Faxing to (08) 0841 0357
- Emailing to admin@portaugusta.sa.gov.au

COUNCIL USE ONLY

INVESTIGATION DETAILS

Name of Person investigating incident _____

Title _____ Date of Investigation ____ / ____ / ____

Customer complaint acknowledged Date: ____ / ____ / ____ (within 5 days of receipt)

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

Record No AR / _____

Date _____