



CUSTOMER FEEDBACK / COMPLAINT FORM

Person taking complaint: _____

Date: _____

Time: _____

Reference Number: _____

Method of Complaint: In person Telephone Written E-mail

Customer Details

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

 Mobile: _____ Fax: _____

Details of Complaint

Remedies / Resolutions Agreed To / Actions To Be Taken

Is Matter Concluded (circle one)? Yes No

Area of Complaint/Issue:

- Administration
- Footpaths
- Libraries
- Planning
- Rates
- Roads
- Other _____

- Building
- Health
- Parks/Garden
- Rangers
- Recreation
- Waste

Type of Complaint/Issue:

- Decisions of the Council
- Decisions of an Officer of the Council
- Inappropriate behaviour of staff
- Unmet standard of service
- Request for service
- Other _____

Next Responsible Person To Be Notified:

Name: _____

Department: _____

Position: _____

Time & Date: _____

Next Responsible Person

Further Comments: _____

Action Taken: _____

Is Matter Concluded (circle one)? Yes No

Signature: _____

Name & Title: _____

Next Responsible Person

Further Comments: _____

Action Taken: _____

Is Matter Concluded (circle one)? Yes No

Signature: _____

Name & Title: _____