



CUSTOMER COMPLAINT & INVESTIGATION FORM

WRITTEN COMPLAINT DOCUMENT DETAILS

FILE NO:

REF NO:

CUSTOMER DETAILS

Name:

Address:

Contact Phone No:

Email:

COMPLAINT DETAILS

Subject of Complaint (who/what?):

Details of Issue/Problem:

Date Issue/Problem First Noticed:

Witness Details *(leave blank if not relevant)*:

Name:

Phone:

Address:

PREFERRED CUSTOMER OUTCOME

How would you like Council to remedy the Issue/Problem?

Customer Signature:

Date:

INITIAL ACTION RECORD		
Officer Receiving Complaint:		
Complaint resolved at first contact?	YES	NO
If Yes, what action has been taken?		
Officer Signature:	Date:	
If complaint is resolved, forward to relevant Manager for signature as verification of resolution.		
Manager Signature:	Date:	
<i>Please also insert date into item 9 in the Investigation Record Table below.</i>		

IF COMPLAINT NOT RESOLVED PLEASE FORWARD TO RECORDS MANAGEMENT AS SOON AS PRACTICAL FOR REGISTRATION AS AN 'INCOMING WRITTEN COMPLAINT'.

General processing & investigation of complaints;

Officers investigating written complaints, including email complaints, must send standard letter acknowledging the complaint within ten (10) business days of the complaint being received at Council.

If the investigation process becomes lengthy, the complainant must be advised at least every 20 business days of the progress of the investigation.

BASIC INVESTIGATION RECORD			
Name of Officer investigating complaint:			
1. Standard acknowledgement letter sent?	YES	NO	Date:
2. Subsequent progress letter?	YES	NO	Date:
3. Subsequent progress letter?	YES	NO	Date:
4. Did Investigation result in actions?	YES	NO	Date:
5. Management concurrence on outcome	YES	NO	Date:
6. Response letter with clear decision sent.	YES	NO	Date:
7.. Complainant satisfied with outcome?	YES	NO	Date:
8. Referred for Review	YES	NO	Date:
9. Complaint finalised and filed with Records Management	Date:		

INVESTIGATION DETAILS
Brief notes on investigation process & findings:

ACTIONS RESULTING FROM INVESTIGATION	COMPLETION DATE
If no actions are to be taken, please explain why.	
Any Further recommendations?	
Manager Title:	
Manager signature:	Date:

OUTCOME / REVIEW			
Complainant satisfied with outcome?	YES	NO	Date:
Referred for independent review?	YES	NO	Date:

INDEPENDENT REVIEW DETAILS
Reviewers Name/Position:
Brief notes on investigation process & findings:

ACTIONS RESULTING FROM REVIEW	COMPLETION DATE
If no actions are to be taken, please explain why.	
Any Further recommendations?	
Reviewers signature:	Date:

OUTCOME OF REVIEW			
Complainant satisfied with review outcome?	YES	NO	Date:
Referred for further external review?	YES	NO	Date:

ON COMPLETION FORM TO BE SENT TO RECORDS MANAGEMENT FOR FILING.
(Please also insert date into item 9 in the Investigation Record Table on page 2 of form.)