

CUSTOMER COMPLAINT FORM

COMPLAINANT DETAILS	
Name of Person Lodging Complaint:	
Address:	Daytime Contact No:
Date:	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 (please leave blank if not relevant)	
Name:	
Address:	Daytime Contact Number:

COMPLAINT OUTCOME	
As a result of making this complaint, is there any outcome you would like? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details:	
COMPLAINANT SIGNATURE	DATE
NAME OF EMPLOYEE RECEIVING COMPLAINT	

LODGEMENT

The Coorong District Council will accept complaints in the following ways:

a) In Writing

- By mailing Council at PO Box 399, Tailem Bend SA 5260
- Faxed to Council on (08) 8572 3822
- By email to council@coorong.sa.gov.au

b) In Person

- By telephoning 1300 785 277
- By attending one of Council's Offices located at Tailem Bend, Tintinara and Meningie.
The offices are as follows;

Tailem Bend	- 8.30am	- 5.00pm Monday to Friday
Meningie	- 8.30am	- 5.00pm Monday to Friday
		(Closed for lunch each day from 12.30pm-1.30pm)
Tintinara	- 11.00am	- 3.00pm Monday to Friday

PROCESSING COMPLAINTS

- Council will acknowledge all complaints within 3 working days and try to resolve complaints within 15 days.
- If we have made a mistake, you will receive a written apology.
- We will have due regard to your privacy.

Nat Traeger
DIRECTOR COMMUNITY & CORPORATE

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: