

# Complaint Form

**Please note: This form should ONLY be used to lodge a complaint and NOT a request for service.**

Council's existing customer request process and forms should be used to request a service e.g. report nuisances, request services, and maintenance. (Specific examples are: barking dogs, pot holes and overflowing waste bins)

## IMPORTANT NOTICE

Western Downs Regional Council is collecting your personal information for the purposes of assessing your complaint and to ensure that Council is able to remain in contact with you regarding the status of your complaint. Your personal information will only be accessed by employees and/or Councillors of Western Downs Regional Council. Some of this information may be given to an external investigator for the purposes of investigation, the person complained about where the rules of natural justice requires, the Queensland Ombudsman in the event that a review of Council's decision is requested, Council's solicitor or insurance broker and/or underwriter where legal or insurance advice is required, the Crime and Misconduct Commission and Queensland Police Service in the event that the matter involves criminal conduct or official misconduct and other authorised government agencies as required to process your complaint. Subject to the above disclosures, your personal information will not be given to any other agency unless you have given us permission or we are authorised or required by law to do so.

## Council's Complaints Process

1. This complaint will go through to Council's complaints section
2. Council will acknowledge this complaint within 10 working days and advise the date of outcome
3. The complaint will be tasked to the relevant Manager for investigation
4. Council will then advise the decision and the reason for the decision



## Customer Details

Are you currently employed by WDRC?  Yes  No

If Yes, please contact Human Resources and DO NOT complete this form.

Surname:		First Name:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email Address:			



## Complaint Details

Have you previously lodged a request with Council regarding this matter?  Yes  No

If YES, what date was the request made: (ECM Doc # \_\_\_\_\_ )

Have you been notified of progress, or the outcome?  Yes  No

Have you lodged this complaint with any other agency authority?  Yes  No

Complaint Type? (Water account, Rates account, Staff complaint etc)

Please provide details of your complaint below. Any relevant supporting information which may be of assistance when assessing your complaint should also be attached.



What outcomes would you like as a result of this complaint? (Please keep your response factual, achievable and realistic).

 **Customer Signature**

Signature:	Name:	Date: / /
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