

Shire of Wyalkatchem PO Box 224 WYALKATCHEM WA 6485

Email: general@wyalkatchem.wa.gov.au

Ph: (08) 9681 1166

CUSTOMER COMPLAINT/FEEDBACK FORM

Date/_	/	Time _			Job #			
Customer Contact (please circle)								
In person	Telephone	Written	Email					
Customer Details								
Name								
Address								
Telephone	Home _		 	Work				
	Mobile _			Fax				
Summary of feedback/complaint								



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Office Use only

Name of Person taking complaint	Department					
Confidentiality required (please circle) YES	/ NO					
Process 1. Original provided to Section Manager (within 24 hours)					
Name	_ Date/ /					
Copy provided to Chief Executive Officer (with	nin 24 hours) Date///					
FOLLOW UP NOTES/COMMENTS Please fill out the following form as this may help in identifying areas of customer service that need to be improved or changed as well as providing the Shire of Wyalkatchem with a record of how the feedback/complaint was handled.						
Immediate action require – (summarise action taken)						
Officer	Date//					
Preventive/Corrective action – (summarise	action taken)					
Officer	Date//					
Written response required YES / NO						
Officer	Date//					
Follow up verification / close off						
Copy of response issued to Chief Executive Officer Date						
Section Manager signature	Date//					