



**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** \_\_\_\_\_ **Job #** \_\_\_\_\_

**Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Telephone** Home \_\_\_\_\_ Work \_\_\_\_\_  
Mobile \_\_\_\_\_ Fax \_\_\_\_\_

[illegible]

**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 (**within 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 \_\_\_\_/\_\_\_\_/\_\_\_\_