Hepbury SHIRE COUNCIL

COMPLAINTS HANDLING POLICY

CUSTOMER COMPLAINT FORM

Name:	
Postal Address:	
Residential Address:	
Telephone:	
Mobile:	

Email:

Details of complaint:

I request that you review my complaint: (Please attach any/all relevant information)

What would be your preferred outcome?

Complainant's Signature*:

*If form submitted by email a signature is not required