

RANGER SERVICES COMPLAINT FORM

*Complainant details must be provided in order for the complaint to be processed

COMPLAINANT DETAILS					
Complainant (Name)*:					
Address:					
Townsite/District:					
Mobile:		Email:			
DETAILS OF ALLEGED OFFENDER (IF KNOWN)					
Name				<input type="checkbox"/>	Unknown
Address					
Townsite/District					
COMPLAINT TYPE					
Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Vehicle <input type="checkbox"/>	Litter <input type="checkbox"/>	Fire <input type="checkbox"/>	Livestock <input type="checkbox"/> Other
DETAILS OF COMPLAINT					
Time:		<input type="checkbox"/> am <input type="checkbox"/> pm	Date:		
Location:					
Details:	<i>(what happened, colour, description, make, model, breed, size, etc)</i>				
Complainant signature:				Date:	

Please complete reverse of this form.

This section must be completed

I, _____
(Your full name)

- A). undertake to give full information to the Local Government as ☐ Yes ☐ No
to this matter
- B). I am prepared to appear in court and give evidence as a ☐ Yes ☐ No
witness to the truth of this complaint if the need should arise

Your signature: _____ Date: _____

PLEASE NOTE

The information as to who lodges a complaint with the Local Government is confidential and protected under Schedule 1 of the Freedom of Information Act 1992. However, if the matter proceeds to court your identity is a matter of public information.

OFFICE USE ONLY			
Receiving Officer's Name:		Synergy Refer No.:	
Officer's Comments			
Officer's signature:		Date:	