

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:	