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 | | | | | | | . | | | | | | | | | | | | | | | |  | | Unknown |
| Address | | | | | | | . | | | | | | | | | | | | | | | | | | |
| Townsite/District | | | | | | | . | | | | | | | | | | | | | | | | | | |
| COMPLAINT **TYPE** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dog |  | | Cat | |  | Vehicle | | | | |  | Litter |  | | Fire |  | | Livestock | | |  | Other | |  | |
| DETAILS OF COMPLAINT | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time: | | | | . | | | | | | am  pm | | | | | | | Date: | | | . | | | | | |
| Location: | | | | . | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | *(what happened, colour, description, make, model, breed, size, etc)* | | | | | | | | | | | | | | | | | | | | | |
| . | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complainant signature: | | | | | | | | | . | | | | | | | | | | Date: | | | . | | | |

Please complete reverse of this form.

**This section must be completed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I, | . | | | | |
| (Your full name) | | | | | |
|  | undertake to give full information to the Local Government as to this matter | | Yes | | No |
|  | I am prepared to appear in court and give evidence as a witness to the truth of this complaint if the need should arise | | Yes | | No |
| 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: | . | |