

CUSTOMER COMPLAINT FORM

This form is for complaints about an event or occurrence in a public or private place. To help us to respond to your concern as quickly as possible, if your concern is a request for service (e.g. road maintenance, ranger call out), please ask our team for the correct form.

All details are required as we do not accept anonymous complaints. Applicant details will be treated in confidence.

CUSTOMER CONTACT DETAILS:

Name:	
Residential Address:	
Postal Address:	
Phone Number:	
Email:	

DETAILS OF COMPLAINT:

<input type="checkbox"/>	Dust	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	Unauthorised development	<input type="checkbox"/>	Odour/smell	<input type="checkbox"/>	Noise
Time:			am	pm	Date:				
Location:									
Details:	(what happened)								

I have raised my concerns with the person involved Yes No

I have the contact details for the person involved (please detail below) Yes No

I. Name of person complaint is against _____

II. Address for this person _____

III. Contact number for this person _____

Signed: _____ Date: _____

OFFICE USE ONLY:

Received by: _____ Date/Time: _____

Officer Signature: _____

Please complete, sign and return this form by email to info@sop.wa.gov.au to the attention of the Chief Executive Officer or post to Chief Executive Officer, Shire of Plantagenet, PO Box 48, Mount Barker WA 6324 or deliver to Reception at the Shire of Plantagenet Administration Building at 22-24 Lowood Road, Mount Barker.