

RATEPAYERS AND RESIDENTS COMPLAINTS FORM



To: Chief Executive Officer
Inglewood Shire Council

PO Box 21
INGLEWOOD QLD 4387

PLEASE POST TO THE ABOVE ADDRESS OR
FAX TO: 07 4652 1512

NAME OF COMPLAINTANT: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

MOBILE NUMBER: _____ WORK NUMBER: _____

NATURE OF COMPLAINT: _____

Signature: _____ Date: _____

INGLEWOOD SHIRE COUNCIL - OFFICE USE ONLY

Complaint No: _____ (obtained from the Complaints Register in AAA)

Received By: _____ Time: _____ Date: _____

Passed Onto: _____ Time: _____ Date: _____

ACTION TAKEN / REVELANT COMMENTS: _____

Signature: _____ Date: _____

Complainant Informed By: Date: _____ Letter: Y / N Phone: Y / N Fax: Y / N In Person: Y / N

Signature: _____ Name: _____ Date: _____