



## APPENDIX C

### COMPLAINTS FORM

This form is designed to capture the information necessary to enable the Council to investigate and respond to your complaint. Simply fill out this form and send it to Lockhart River Aboriginal Shire Council, Maathvy Street, Lockhart River, Queensland, 4870; or Council's Cairns Office at 7 Anderson Street, Manunda, Queensland, 4870. Alternatively, you can fax it to Lockhart River on 07 4060 7139 or Cairns on 07 4031 5720 or drop it into either of the Council offices (as above).

#### PERSONAL DETAILS OF PERSON LODGING THE COMPLAINT

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Other ways to contact you (eg facsimile, email) \_\_\_\_\_

Preferred way for us to contact you: \_\_\_\_\_

Are you the person affected by the complaint? Yes  No

If not, please advise relationship to the person affected by the complaint: Parent  Friend

Other  (please specify) \_\_\_\_\_

If you are acting on someone's behalf, please advise his or her details:

Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Does the person affected by the complaint have a disability or other special need? Yes  No

If yes, please specify: \_\_\_\_\_

#### COMPLAINT DETAILS

Have you raised your complaint with us before? Yes  No

If yes, tell us who you spoke to, what you were told and why you are still dissatisfied. Attach any documentation you have from your previous contact. Use a separate sheet if needed:-

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# LOCKHART RIVER ABORIGINAL SHIRE COUNCIL



For **NEW** complaints, tell us **WHAT** happened? **WHO** was involved? **WHEN** and **WHERE** did it happen?

For example, does your complaint involve a decision that impacts on you or perhaps the quality of service? Make sure you tell us full details of the complaint and attach a separate sheet if needed.

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What would you like to see **HAPPEN** as a result of your complaint?

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Have you **DONE ANYTHING** about your complaint already? If you have sought assistance from other parties such as your local member, solicitor or professional advisor, please advise details, such as the person you spoke to, when and advice given:

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<hr/> <i>Date</i>	<hr/> <i>Signature</i>
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## **WHAT TO EXPECT**

We take complaints seriously. We will contact you within seven (7) working days of receiving this complaint to advise you of what we will do and the expected time it will take. Your information will be treated confidentially. Thank you for bringing this matter to our attention.





## FOR COUNCIL USE ONLY

### Complaint received by

Post

Fax

In person

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff member who received complaint

(if lodged in person): \_\_\_\_\_

Position:

\_\_\_\_\_

Summary of any advice provided to complainant on initial contact:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Complaint referred to:

CEO

Mayor

Manager Corporate/Community Services

Manager Engineering Services

Manager Shire Planning

Manager Environmental Services

Other (please specify)

\_\_\_\_\_

Date of referral: \_\_\_\_/\_\_\_\_/\_\_\_\_ File Number: \_\_\_\_\_

Summary of any further advice provided to complainant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Nature of Complaint:**

- Customer Service     Administration     Animal Control     Town Planning
- Water     Sewerage     Roads     Waste Services
- Bridges     Building/Plumbing     Overgrown Land     Community Facilities
- Parks & Gardens     Health     Declared Plants/Animals
- Other (specify):

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