



Richmond Shire Council

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Office Use Only	
Received by:	
Scheduled for Council Meeting	<input type="checkbox"/>

Complaints Form

Please complete this application in BLOCK LETTERS and tick boxes where applicable. Enter "N/A" if the question does not apply. Complete all sections unless otherwise stated. If you have any specific enquiries regarding how to complete this form, please contact Administration. Please find attached Complaints Management Policy.

Complaints Details	
Name:	
Organisation	
Postal Address	
Phone:	
Email	
Details of Complaint	
Date of Complaint	___ / ___ / _____
Details of Complaint	
Have you raised the complaint with Council before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please tell us why you are still dissatisfied.
Declaration	
We take complaints seriously. We will contact you within 5 working days of receipt of this complaint and advise you of what we will do and the expected timeframe.	
Applicant's Signature:	Date: ___ / ___ / _____

COMPLAINTS FORM

PRIVACY NOTICE: Any personal information you have supplied to or is collected by the Richmond Shire Council will only be stored and processed by the Council for lawful purposes directly related to the functions and activities of the Council. Any personal information supplied will only be disclosed to a third party for the purpose of performing a lawful function or activity and for no other purpose.

