

Richmond Shire Council

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Office Use Only		
Received by:		
Scheduled for Council Meeting		

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.

to complete this form, piedoc com	act / tallillistration: 1 lease find attached complaints management 1 oney.	
Complaints Details		
Name:		
Organisation		
Postal Address		
Phone:		
Email		
Details of Complaint		
Date of Complaint		
Details of Complaint		
	If YES, please tell us why you are still dissatified.	
	in 125, product tell do willy you are our discounted.	
Have you raised the complaint with Council before? YES ☐ NO ☐		
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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.

OFFICE USE ONLY			
Form Received via : Telephone In Person Email	☐ (attached) Mail ☐		
Date received:// Registered date://	Tasked to:		
Acknowledgement Notification Sent Via:	Date Sent://		
Employee Signature (Receiver of complaint) :	Date://		
Resolution Number (if applicable) :	Completion Date://		
OUTCOME			
Officer Signature (tasked to):	Date://		
Manager/Director Signature(Relevant Manager):			
Manager/Director Name (PRINT) :	Date://		