



**SHIRE OF CHITTERING**  
**COMPLAINT FORM**

Name of Complainant: \_\_\_\_\_

Contact Details: Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of Complaint: \_\_\_\_\_

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Signature: \_\_\_\_\_

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Office Use Only                      Complaint Resolved:    Yes / No                      Copy on File                      Yes / No

Receiving Officer's Name & Title \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Synergy Record #: \_\_\_\_\_ Complaint Register #: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

**Procure for Handling Complaint Report Form:**

- Ensure all Complainants details have been entered correctly on the form;
- Register into Synergy Records and in the Register of Complaints (strongroom);
- Forward to the CEO for response or allocation to appropriate officer to investigate and respond;
- Records Department to monitor action to ensure response provided within seven (7) working days;
- CEO to sign off the complaint and return to the MACS for recording in Complaints Register and filing.