

## **Complaint Form**

119-145 Spence Street Cairns Q 4870 Phone: 1300 69 22 47 complaints@cairns.qld.gov.au

## Please note: This form should ONLY be used to lodge a complaint and NOT a request for service.

## **Privacy Statement**

Cairns Regional Council is collecting your personal information, including your name, address, email address, and telephone number for the purposes of investigating your complaint. Your information may be shared with investigation officers and with relevant personnel as part of the complaint and investigation process. We will only use your information for this purpose. It will otherwise not be used or disclosed unless authorised or required by law. Your personal information will be handled in accordance with the *Information Privacy Act 2009*.

SECTION A Cu	stomer Details						
Title:	☐ Mr.	☐ Mrs.		Ms.	☐ Miss.	☐ Other	
Surname:			First Nam	e:			
SECTION B Co	ntact Details						
Address:							
Suburb:			Postcode	:			
Phone (h):			Phone (w	):			
Phone (m):							
Email Address: _							
Preferred Contact Me	ethod:	Telephone	☐ Mobile		Letter	□ Email	
SECTION C Cor	mplaint Details						
Have you previously	lodged a complaint v	vith Council regard	ling this matter?		□ Yes	□ No	
If YES, what	t date was the compl	aint made:			1	1	
Have you be	een notified of progre	ss, or the outcome	e?		□ Yes	□ No	
If NO, have you previously lodged details of your complaint with any other agency/authority?							
If YES, to wi	hom:						
Details of the Comp	plaint						
When did it happen?							
Where did it happen?							
Who was involved?							
Please provide details of your complaint below. Any relevant supporting information which may be of assistance when assessing your complaint should also be attached.							
feel is relevant. Note:	: The complaint will b	e dealt with in acc	cordance with section	on 268 of the Loc	cal Government.	y history on the matter that you Act 2009 and to do so you f a local government".	



DM#

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			complaints@calms.qid.gov.au						
What do you think Council should do to resolve your complaint? (Please keep your response factual, achievable and realistic).									
SECTION D Ackno	owledgement								
All the information provid	led above is true and correct to the be	est of my knowledge.							
Signature:	Name	e:	Date: / /						
	Use Only								
Action Officer: Position:			Date: / /						
Complaint lodged:	☐ Telephone	☐ In person	Date. / / □ In writing						
Note:		·	-						