

Please note: This form should ONLY be used to lodge a request for an internal review.

IMPORTANT NOTICE

Cairns Regional Council is collecting your personal information for the purposes of assessing your complaint and to ensure that Council is able to remain in contact with you regarding the status of your complaint. Your personal information will only be accessed by employees and/or Councillors of Cairns Regional Council. Some of this information may be given to an external investigator for the purposes of investigation, the person complained about where the rules of natural justice requires it, the Office of Information Commissioner or Queensland Ombudsman in the event that a review of Council's decision is requested, Council's solicitor or insurance broker and/or underwriter where legal or insurance advice is required, the Crime and Corrupt Commission and Queensland Police Service in the event that the matter involves criminal conduct or official misconduct and other authorised government agencies as required to process your complaint. Subject to the above disclosures, your personal information will not be given to any other agency unless you have given us permission or we are authorised or required by law to do so.

Please confirm that we may need to disclose your personal information:

I understand that Council may need to disclose my personal information.

** Please complete this form IN FULL Failure to complete this form in FULL may result in delays in the investigation.*

** All fields are mandatory unless otherwise noted.*

SECTION A Customer Details

Title: Mr. Mrs. Ms. Miss. Other

Surname: _____ First Name: _____

SECTION B Contact Details

Address: _____

Suburb: _____ Postcode: _____

Phone (h): _____ Phone (w): _____

Phone (m): _____ Other: _____

Email Address: _____

Preferred Contact Method: Email Mobile Telephone Letter

SECTION C Complaint Details

Complaint reference number (if Known): Yes No

What date was the complaint made:

Date you received a response to your complaint

Why you are unhappy with the response / what reason for requesting the review:

The clearer your explanation is the more easily we will be able to assist you. Please feel free to attach additional information.

Supporting Documentation

Do you have any new information that should be considered in reviewing this matter? Yes No

If yes, please list and attach copies of documents or information you have to support your complaint.

(Only supply if they have not previously been submitted)

SECTION D Resolution

What outcome do you expect to see as a result of the review?

(Please keep your response factual, achievable and realistic)

SECTION E Acknowledgement

A request for an internal review must be made no later than three months after the original decision. Requests for Internal reviews must be submitted in writing via Council's online form, email to complaints@cairns.qld.gov.au with Internal Review Request in the subject or in person. If you are unable to write to us, an internal review may be submitted via telephone on 1300 MYCAIRNS.

I confirm, all the information provided above is true and correct to the best of my knowledge. Yes No

Signature: _____ Name: _____ Date: _____