**ADMINISTRATION COMPLAINTS FORM**

**(Complaints Management)**

If you are dissatisfied about the service delivery, services, decisions or actions of Council or its staff and would like to lodge a complaint, complete this form and send it to:

Chief Executive Officer

Flinders Shire Council

PO Box 274

HUGHENDEN QLD 4821

If you prefer, you can ring the Council on 07 47412 900 and speak with the complaints officer or visit our website [www.flinders.qld.gov.au](http://www.flinders.qld.gov.au) to access an electronic version of this form, which can be emailed to [flinders@flinders.qld.gov.au](mailto:flinders@flinders.qld.gov.au)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complainant Details** | | | | | | | | |
| **Complaint Made By:** | **Telephone  Mail  Over Counter** | | | | | | | |
| **Name of Complainant:** |  | | | | | | | |
| **Postal Address:** |  | | | | | | | |
| **Residential address:** |  | | | | | | | |
| **Phone (W):** |  | | | **Phone (H):** | |  | | |
| **Mobile:** |  | | | **Fax:** | |  | | |
| **Email:** |  | | | | | | | |
| **Preferred Contact Method:** | **Phone  Mail  Email** | | | | | | | |
| **Does the complaint require urgent attention:** | **Yes  No** | | | | | | | |
| **Details of Complaint** | | | | | | | | |
| Have you raised the complaint with Council before?  **Yes  No** | | | | | | | | |
| If Yes, tell us why you are still dissatisfied. Attach any documentation you have from previous contact | | | | | | | | |
| For a **NEW** complaint, tell us **what** happened, **who** was involved, **when** and **where** did it happen? | | | | | | | | |
| For Example, does your complaint involve a decision that impacts on you or perhaps the quality of service? Make sure you tell us the specific area where the problem occurred. | | | | | | | | |
|  | | | | | | | | |
| Have you done anything about your complaint already? Perhaps you have sought assistance from your local Councillor? | | | | | **Yes  No** | | | |
| If YES, please give details such as the person you spoke to, when and advice given. | | | | | | | | |
|  | | | | | | | | |
| **Acknowledgement** | | | | | | | | |
| All the information provided above is true and correct to the best of my knowledge. | | | | | | | | |
| Signature: | | | | | Date: | | |  |
| **What To Expect** | | | | | | | | |
| We take complaints seriously. We will contact you within five working days of receiving this complaint to advise you of what we will do and expected time it will take. Your information will be treated confidentially. Thank you for bringing this matter to our attention. | | | | | | | | |
| **Collection Notice** | | | | | | | | |
| You are providing personal information which will be used for the purpose of delivering services and carrying out council business.  Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorized to do so. Your information will not be given to any other person or agency unless you have given permission or the disclosure is required by law. | | | | | | | | |
| **Office Use Only** | | | | | | | | |
| **Date Received:** | |  | | | | | | |
| **Forwarded to:** | |  | | | | | | |
| **Action Requested:** | |  | | | | | | |
| **Action Taken:** | |  | | | | | | |
| **Further Action Required:** | | **Yes  No** | | | | | | |
| **Reviewed By:** | |  | **Review Date:** | | | |  | |
| **Date of Resolution:** | |  | | | | | | |
| **Responsible Officer Name** | |  | **Signature** | | | |  | |