

This form is to be used for complaints only. Where a request for service is required, please refer to Council's website and complete a 'Report & Request form'

## Your Details

Surname (Hover over for details)

Given Name/s

Postal Address

Suburb/Town

State

Postcode

Telephone Number

Mobile Number

Email

## Complaint

The complaint that you are concerned about relates to:

- a.  How a Council officer has treated you
- b.  The standard of service you have received
- c.  The length of time it took to provide a service to you
- d.  A decision made that you do not agree with

General Notes - Detail

## Resolution

What do you believe would assist in resolution?

## Response

Do you require a response?

Yes  No

Response preferred by:

Email  Telephone  In Writing

**Review:** You have the right to have a decision reviewed. For more information, visit [www.midcoast.nsw.gov.au](http://www.midcoast.nsw.gov.au).

## Form Submission

Submit electronically, by typing your name in signature box below, date and 'Submit by Email'.

Submit by Mail to contact details at the bottom of this form or in person at our Customer Service Counters.

Signature of Complainant

Date

**Privacy Notice:** Under Privacy laws, you have the right to find out why we are collecting this information, if it is compulsory and what we are going to do with it. You also have rights to access and correct any information held about you. If you need an interpreter, call 131 450

**Forster** | 4 Breese Parade | PO Box 450 Forster 2428 | **6591 7222**  
**Gloucester** | 89 King Street | PO Box 11 Gloucester 2422 | **6538 5250**  
**Taree** | 2 Pulteney Street | PO Box 482 Taree 2430 | **6592 5399**  
**Tea Gardens** | Myall Street | PO Box 450 Forster 2428 | **4997 0182**  
**Stroud** | 6 Church Lane | PO Box 450 Forster 2428 | **4994 5204**  
[council@midcoast.nsw.gov.au](mailto:council@midcoast.nsw.gov.au)

## Office Use Only

Complaint Reference

Receiving Officer Name

## Receipt

Was the complaint resolved by the receiving officer?  Yes  No

If yes, was the complainant notified of resolution?  Yes  No

If no, was the complaint referred to a relevant supervisor? Supervisor Name

## Complaint Handling Detail

Receiving Officer Position

Department  Date

Investigation Detail

## Decision

Details

## Action Required

	By Who	By When
Action 1	<input type="text"/>	<input type="text"/>
Action 2	<input type="text"/>	<input type="text"/>
Action 3	<input type="text"/>	<input type="text"/>

## Resolution

Has the complainant been advised of the outcome?  Yes  No

Signature

Date