



# CUSTOMER FEEDBACK FORM NOTICE OF COMPLAINT/ COMPLIMENT

Complaint  Compliment  Suggestion/Comment

This form is to be used to bring to the attention of Council staff any Complaints, Compliments, Suggestions or Comments for the Shire of Mingenew.

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Details of Feedback (please provide as much detail as possible concerning your Feedback; eg if it is concerning a road, include the name of the road, location and nature of complaint/compliment).

---

---

---

---

---

---

---

---

---

---

---

---

---

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Ward: \_\_\_\_\_

Ward Councillor: \_\_\_\_\_

Action taken to rectify complaint: \_\_\_\_\_

---

Date completed: \_\_\_\_\_ Signed by officer: \_\_\_\_\_

Referred to Council  Yes/No