



COMPLAINT LODGEMENT FORM

Palm Island Aboriginal Shire Council strives to provide a level of customer service that does not attract complaints, but acknowledges the right of customers to provide feedback, both positive and negative, on the services it provides and the decisions it makes. It also understands that there are occasions when people may wish to lodge a complaint. Council will deal with complaints fairly, promptly and professionally and is committed to building the capacity of staff to effectively manage complaints in an environment of continuous improvement.

To lodge a complaint, simply fill out this form and send it to Council by:

Post: Palm Island Aboriginal Shire Council, 1 Main Street PALM ISLAND QLD 4816

Email: reception@palmcouncil.qld.gov.au

For further information please call Council administration office on (07) 4770 0200 or visit our website- www.palmcouncil.qld.gov.au

PERSONAL DETAILS	
Full Name:	
Address:	
Telephone (home)	(mobile)
Email:	
COMPLAINT DETAILS	
For NEW complaints, tell us what happened. What was involved? When and where did it happen? For example, does your complaint involve a decision that impacts on you or the quality of services? Please make sure that you tell us the specific details of the problem. Attach a separate sheet/s if needed.	



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Have you done anything about your complaint already? Perhaps you have spoken to your Councillor, professional advisor, government department? If yes, please provide the details (e.g. the person you spoke to, when and the advice received).
Have you raised your complaint to Council before? If so, who did you speak to and what were you told and why are you still dissatisfied? Attach any documentation from your previous complaint.



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Signature: _____ Date: / /
OFFICE USE ONLY
Complaint Received by:
Telephone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/>
In person <input type="checkbox"/> Website <input type="checkbox"/> Other (Specify) _____
Date Received: / /
Staff member who received complaint: _____
Position of staff member: _____
Complaint referred to:
Date Referred: / /
Complaint Reference Number :
<p>The Palm Island Aboriginal Shire Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written consent or as we are required by law</p>