

Shire Complaint & Feedback Form

To be completed for all Complaints & Feedbacks within the Shire.

Please submit completed Complaints & Feedback Form and supporting information as early as possible to be actioned. Forms must be submitted to the Shire of Kellerberrin **as soon as you become aware of a Complaint or are providing Feedback to the Shire**. Any forms received will be actioned in a timely manner and a response will be given to the customer.

Forms can be made by:

- **Email:** shire@kellerberrin.wa.gov.au
- **Mail:** Po Box 145 KELLERBERRIN WA 6410
- **In person:** Shire Office - 110 Massingham Street Kellerberrin

Terms and conditions for the Shire's Complaints & Feedbacks are included in this application and must be signed on submission of the form.

Any questions or queries, do not hesitate to contact the Shire of Kellerberrin Staff on 08) 9045 4006 or shire@kellerberrin.wa.gov.au who will assist you with your application or direct you to the relevant staff member.

Terms and Conditions for Complaints and Feedback

Information

Please provide as much detail as possible to allow a thorough investigation to be conducted, including any relevant witness contact details, photographs or supporting documents.

A Shire officer may need to contact you to confirm the details you have provided. You will be advised of the outcome for you Complaint or Feedback soon as possible.

Your Privacy

The supply of personal information on forms is voluntary, although failure to include information required may result in processing delays. The details supplied are not publicly available however the person signing this form is able to access to view or correct any information supplied by requesting same from the Shire of Kellerberrin Office. Complaints and feedback are kept 'Private and Confidential' when requested.

Disclaimer

As 'the adviser' I acknowledge that I have read and understood the terms and conditions for the Shires Complaints, Feedback provided to the Shire of Kellerberrin and I agree to be bound by them. I agree that failure to comply with all the terms and conditions as stated may result in processing delays and may jeopardize any future use of the Shire of Kellerberrin and grounds.

.....
Full Name

.....
Signature

.....
Date

Complaint & Feedback Form

Record No:
Register No:

Personal Details			
Name			
Email			
Phone Number			
Postal Address			
Preferred Contact	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Post <input type="checkbox"/>
Date		Time	

Complaint			
Type of Complaint	Animal <input type="checkbox"/>	Roads <input type="checkbox"/>	Other <input type="checkbox"/>
	Specify Other:		
Location			
Details of Complaint <i>Full Description</i>			
Staff Action/Comment			
Actioned By		Signature	Date

Feedback			
Type of Feedback	Council Facility <input type="checkbox"/>	Community <input type="checkbox"/>	Other <input type="checkbox"/>
	Specify Other:		
Location			
Details of Feedback <i>Full Description</i>			
Staff Action/Comment			
Actioned by		Signature	Date

OFFICE USE ONLY

Response Given	Letter <input type="checkbox"/>	Email <input type="checkbox"/>	Phone <input type="checkbox"/>
Record Updated	Yes <input type="checkbox"/> No <input type="checkbox"/>	Register Updated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Finalised By		Signature	Date