

## Aurukun Shire Council Complaint Lodgment Form

To lodge a complaint fill out this form and send it to ASC by: Post: Aurukun Shire Council, 39 Kang Kang Road Qld 4892

Email: <u>complaints@aurukun.qld.gov.au</u> For further information please call

Council's Administration Office on (07)40606800 or visit our website -

www.aurukun.qld.gov.au

## **Personal Details**

Title:	Surname:			Given Name	e/s:				
Address:		Pos	st Code:	Po	ost Code:				
Telephone (Home):		(Work):			(Mobile):				
Other ways to contact you (e.g. facsimile, email):									
Preferred way for us to contact you:									
Are you the person affected by this complaint:  Yes  No  If not please advise relationship to the									
person affected by this		Parent	Friend	Other:					
If you are acting on someone's behalf, please advise his or her details:									
Title:	Surname:			Given Nam	e/s:				
Address:				Pos	st Code:				
Telephone (Home):		(Work):		(N	1obile):				
Does the person affec	ted by the complaint ha	ve a disability	or other special ne	eeds?	Yes	☐ No			
If yes, please specify:									
Complaint Details									
Have you raised your complaint with us before?									
If yes, please tell us what you were told ardissatisfied. Please att documentation you had contact. Use a separa	ad why you are still ach any ave from previous								
For NEW complaints, thappened? Who was in and where did it happedoes your complaint in that impacts on you of service?) Make sure you specific area where the occurred. Attach a separate in the service of the service	nvolved? When en? (For example, nvolve a decision r the quality of ou tell us the e problem								

	Page 2						
What would you like to see happen as a result of your complaint?							
Have you done anything about your complaint already? (i.e. sought assistance from your local councillor, solicitor, professional advisor or an investigation agency?) If yes, please advise the details (e.g. the person you spoke to when and the advice received.							
Complaint Details							
Council takes complaints seriously. Council will acknowledge receipt of this complaint and advise you what we will do and the expected time frame it will take. We will endeavour to resolve your complaint within 30 working days.							
<b>Privacy Disclaimer</b> Please note that if you supply your personal information above, this personal information is only collected to process your application. This information will not be disclosed to any other third party without your written authorisation or as may be required to by law.							
Signature:	Date:						
Print Form  Office Use Only	Please print this form and email to <u>complaints@aurukun.qld.gov.au</u> or Post to: The CEO, Aurukun Shire Council, 39 Kang Kang Road, Qld 4892						
Complaint received by:	one						
☐ Web	Other (Please specify):						
Date Received:	Staff Member who received the complaint:						
Position:							
Summary of advice provided to complainant on initial contact:							
Complaint referred to:	□TS □ CS						
☐ COR SERV	CEO Other (Please specify):						
Date of Referral:	File No:						
Summary of further advice provided to complainant:							

Office Use Only Cont'd			Page 3
Nature of Complaint:  Client Services	Administrative Action	Procedures	
└─ Policy	Other (Please specify):		
Location of Problem:			
□ <sub>CEO</sub>	Corporate Services	Technical Services	
Community Services	$\square$ Other		_
Councillors	Other (Please specify):		