



# Administrative Action Complaints Management Complaint Form

We want to make it easy for you to complain.

Simply fill out this form and send it to Hope Vale Aboriginal Shire Council, by mail, email, or fax.

If you prefer, you can ring our office or visit our website for advice on how to complain.

Thank you for taking the time to help us improve our services.

Date this complaint is lodged: \_\_\_\_\_

## 1. Contact Details

Name	
Email	
Address	
Phone	
Preferred way for Council to contact you:	

Are you the person affected by the matters of this complaint?	Please check the relevant option:	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no, please provide contact details for the person on whose behalf you are acting

Name	
Email	
Address	
Phone	

Does the person affected by the complaint have a disability or other special need?

Yes ☐

If yes, please specify:


## 2. Describe the complaint

Have you made a related complaint to Council before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state when the previous complaint was made and the nature of the previous related complaint.	Date previous Complaint was made:  _____	Nature of previous complaint:

Use additional pages if needed.

[illegible]

Let us know if you have spoken to a professional advisor or government department and tell us what advice was received and when.

[illegible]

Signature \_\_\_\_\_ Date \_\_\_\_\_

We will contact you within 15 business days of receiving this complaint and advise you what we will do and the expected time it will take.

Your information will be treated confidentially.