



## Form 312 – Customer Feedback Form

**Postal Address**

PO Box 31  
Normanton QLD 4890

**Administration**

Ph: 07 4745 2200  
Fax: 07 4745 1340

**Internet**

www.carpentaria.qld.gov.au  
council@carpentaria.qld.gov.au

### Section A – Contact Details

Full Name:

Postal Address:

Suburb:

State:

Postcode:

Phone:

Mobile:

Fax:

Email:

### Section B – Nature Of Contact

- Complaint
- Compliment
- Feedback
- Suggestion
- Other (please specify)

### Section C – Incident Details

Date of Incident:

Details:

Council Officer Involved: (if applicable)

What Actions Would You Like To See Happen?

**Section D – If You Are Completing This Form on Someone Else's Behalf (please provide their details)**

Full Name:

Postal Address:

Suburb:

State:

Postcode:

Phone:

Mobile:

Fax:

Email:

Your Relationship With the Complainant: (mother, brother etc)

Has the Complainant Given Permission For You To Lodge This Complaint On Their Behalf?  
 Yes  
 No

**Section E - Authorisation**

We take complaints seriously. We will contact you within 6 working days of receipt of this complaint and advise you of what we will do and the expected timeframe. Your information will be treated confidentially. We will inform you of progress within 18 working days. We will endeavor to resolve your complaint as quickly as possible.

Signature:

Date:

**Section F - Office Use Only**

Form Received Via:  
 In Person  
 Telephone  
 Fax  
 Email  
 Website  
 Mail

Date Received:

Registered Date:

Tasked To:

Acknowledgment Notification Sent Via:  
 Phone  
 Email  
 Fax  
 Letter

Date Sent:

Authorised Officer Name:

Signature:

Date:

Collection Notice: The personal information collected on this form is for purpose of carrying out the Local Government functions and will not be disclosed to any other party unless authorised or required by law.