## **Customer Complaint**





| Information   | Complaint Details Cont. |
|---|-------------------------|
| Complete this form and forward it to:   |                         |
| Administrative Review Adviser   |                         |
| Redland City Council PO Box 21, Cleveland QLD 4163                                  |                         |
| OR Email: rcc@redland.qld.gov.au  |                         |
| Complainant's Personal Details  |                         |
|   |                         |
| ☐ Wish to remain anonymous Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Other               |                         |
| Given name(s)   |                         |
|   |                         |
| Surname   |                         |
|   |                         |
| Postal address  |                         |
| Suburb Postcode   |                         |
| Gasars  |                         |
| Phone □ (W) □ (H) Mobile  |                         |
|   |                         |
| Email address   |                         |
|   |                         |
| Preferred contact method: ☐ Email ☐ Phone ☐ Post                                    |                         |
| Complaint Details   |                         |
| Tell us who was involved, what happened, where and when it                          |                         |
| happened. Please provide as much information as possible to allow us to assist you. |                         |
| to allow us to assist you.  |                         |
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In accordance with the *Information Privacy Act 2009* and principles, we will endeavour to keep information about the complaint confidential. However, when collecting personal information about you in order to receive and deal with your complaint, Council does so using fair and lawful means related to complaint-handling functions.

Unless you specify otherwise, we will proceed on the basis that you consent to disclosure of necessary and relevant personal information to officers and other parties to assist Council to assess and resolve the complaint. Your personal information will not otherwise be disclosed unless you consent or the disclosure is required or authorised by law.

## **Further Information**

| Complaint Details Cont.   | Complaint Details Cont.  |
|---|--|
| Have you raised this complaint before? $\square$ Yes $\square$ No                                       | Have you suffered any loss or detriment due to the incident?     |
| If Yes, enter your reference number if you have one:  |  |
|   |  |
| Include information such as who you spoke to, what you  |  |
| were told and why you believe Council's decision is unfair or wrong                                     |  |
| or wrong  |  |
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|   | What would you like to see happen as a result of your complaint? |
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| Have you reported this to any other agencies or   |  |
| authorities? ☐ Yes ☐ No   |  |
| Please select which agency or authority   |  |
| ☐ Queensland Ombudsman  |  |
| Energy and Water Ombudsman Queensland     Office of the Independent Assessor                            | Attach any documents that support your complaint                 |
| <ul><li>☐ Office of the Independent Assessor</li><li>☐ Office of the Information Commissioner</li></ul> | ☐ Copy of original complaint and response, if                    |
| ☐ Queensland Human Rights Commission  | applicable   |
| ☐ Queensland Police   | ☐ Correspondence in relation to this complaint                   |
| ☐ Crime and Corruption Commission   | □ Photographs  |
| ☐ Other:  | ☐ Any other documents that will help us understand               |