THE DISTRICT COUNCIL OF ELLISTON

Register Number ..... / .....

Complaints / Request Form

Customer Name: _____

Councillor / Resident / Tourist /Employee / Other.

Customer Postal Address: _____

Date: _____

Description of the Complaint/Request:

_____
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Signed _____ Date: ___ / ___ / ___

OFFICE USE

Receiving Officer's Assessment URGENT Yes / No

Responsible Department Works / Admin / Rates / Development / CEO /DCEO

_____
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Investigating Officer's Report

_____
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Action Taken

_____
_____
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_____

Customer notified? ☐ Date: ___ / ___ /___

Original to Complaints Register
Duplicate to Investigating Officer.