SHIRE OF GNOWANGERUP

CUSTOMER SERVICE FORM

(Please TICK the relevant box below)

☐ **Complaint:** An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the Council or its staff, affecting an individual customer or group of customers.

☐ **Request:** The act of asking Staff or Councillors politely and professionally for something to be done or followed up.

☐ **Suggestion:** An idea or plan put forward to Council or Staff for consideration.

☐ **Compliment:** A polite expression of praise or admiration for Shire Councillors, Staff or individual Projects.

PERSONAL DETAILS

_____

First Name Family Name

_____

Contact Street and or Postal Address

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Contact Phone Number

DETAILS

(Provide details relating to dates, times, location and frequency / Name of Council/Staff member)

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DETAILS

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Customer Signature: _____ Date: _____

Receiving Officer's Name: _____

SUBMITTING YOUR FORM

Please complete this form and return in person, via post or email to:

In Person and Post: Shire of Gnowangerup
28 Yougenup Road
Gnowangerup WA 6335

Email: gnpshire@gnowangerup.wa.gov.au

RESPONSE

Thank you for your submission. We will do what we can to address your concern.
We aim to respond to all complaints within 5-15 working days (depending on the nature of the complaint).

Should you have any concerns or wish to follow up your Customer Service Form please contact the Shire of Gnowangerup Administration Office on (08) 9827 1007.