Complaint Code/No. _____

ENVIRONMENTAL HEALTH SECTION COMPLAINT FORM

For Council officers to investigate your complaint it will be necessary to complete the relevant sections of this form.

Please return a signed copy of this form to the City of Albany North Rd Administration Office or post to the City of Albany, PO BOX 484, Albany WA 6331

(OFFICE USE ONLY)

Investigating Officer _____

Telephone _____

Date of Initial Contact _____ Time _____ AM/PM

Record File No. _____

Assessment No. A

Details of Person Making the Complaint

Name _____

Address _____

_____

Phone No. _____ Signature _____

Details of Person Causing the Complaint

Name _____

Address _____

_____

Phone No. _____

Details of Complaint (Please explain the problem)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(OFFICE USE ONLY)

Complaint Resolved (complainant notified) _____

Synergy Reference No: NF06608