

# CUSTOMER COMPLAINT FORM

For Council Officers to investigate your complaint please complete all 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

## Contact Details of Person Making Complaint

Name:			
Address:			
Phone Number:			
Email:			
Signature:		Date:	

## Details of Complaint (Please explain the problem):

*Additional details can be recorded on reverse*

<b>Office Use Only:</b>	
Entered by:	
Customer Service Request Number:	

**Details of Complaint (continued):**

**Privacy Collection Notice**

The City of Albany collects your personal information to deliver services and meet our legal obligations under relevant laws.

We handle your information in line with the *Privacy and Responsible Information Sharing Act 2024*. Your information is stored securely, kept only as long as needed, and may be shared with other government agencies if required or permitted by law.

You can request access to or correction of your personal information at any time.

<b>Contact:</b>
Privacy Officer Phone: 08 6820 3000 Email: prisproject@albany.wa.gov.au