



CUSTOMER COMPLAINT FORM

We strive to provide you with the best possible service at all times. If this is not the case and you are dissatisfied about a standard of service provided or if we have not handled something to your satisfaction, please detail your concerns below.

Contact details of person making complaint:

Title (Mrs/Ms/Miss/Mr)

First Name:

Surname:

Address:

Phone No:

Email:

The Issue

Please tell us clearly what you think the issue is and when it happened?
Add additional pages if necessary, and attach copies of relevant documents.

Previous Contact

Where possible, please provide names and dates of discussions held with City of Albany Staff/Council.

What was the outcome of your discussions?

Please provide details of the outcome or future course of action.

Your Expectations

Please tell us what you think should be done to resolve your complaint.

Signature:

Date:

Please return this form to City of Albany
102 North Rd, Yakamia WA | PO Box 484, ALBANY WA 6331
Tel: (08) 6820 3000 | Fax: (08) 6820 3900
Email: staff@albany.wa.gov.au | Website: www.albany.wa.gov.au

We will provide you with a written acknowledgment within 10 working days. In the meantime, should you have any further queries whilst your complaint is being processed, please don't hesitate to contact us on 6820 3000.

Office Use:

Entered by:

Customer Service Request No:
