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 No: _____

Email: _____

Signature: _____ **Date:** _____

Details of Complaint (Please explain the problem):

_____

(Additional details can be recorded on reserve)

Office use only:

Entered by: _____

Customer Service Request No: _____

Details of Complaint (continued):