

**Information Privacy Act 2009.** Burdekin Shire Council is collecting the personal information you provide on this form in accordance with the Local Government Act 2009 for the purpose of investigating your complaint. Your information will not be disclosed to any other third party without your consent unless required or authorised by law.

## When to Use this Form

If you have tried to resolve a problem or issue with the relevant Council branch/section and you are dissatisfied with the outcome, please complete the below form. Administrative action complaints may be about service delivery, services, decisions or actions of Council or its staff.

## Not a Complaint?

If you wish to enquire about or provide feedback on Council services, you can contact Customer Service by phone or head to our website and click [Contact](#).

### Contact Details

Full Name			
Address			
Mobile Phone		Home Phone	
Email			
Preferred Method of Contact	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Home Phone

### Complaint Details – Section 1

Are you the affected person (the Complainant)?	<input type="checkbox"/> Yes (go to Section 2)	<input type="checkbox"/> No (complete below)
If No, what is your relationship to the complainant?		
<input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify):		
Please provide the details of the person you are acting on behalf of:		
Full Name		
Address		
Mobile Phone		Home Phone
Email		

### Complaint Details – Section 2

Does the complainant have a disability or other special need?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If Yes, please specify:		
Have you raised this matter with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>Yes</b> , please advise (over page) who you spoke to, what you were told and why you are still dissatisfied. Attach copies of any documentation you have from your previous contact on this matter.		

If **No**, please advise below **what** happened, **who** was involved, **when** and **where** it happened and **how** you were affected. Please provide as much information as possible (attach separate sheet if required).

Have you reported your complaint to any other agency? (e.g. Police, Member for Parliament, Councillor, Solicitor etc.)

☐ Yes

☐ No

If **Yes**, please provide further details, including, the name of the person/organisation reported to, when you spoke with them and the outcome of the conversation (attach separate sheet if required).

What would you like to see happen as a result of your complaint? (attach separate sheet if required)

## Acknowledgement

I (person completing this application), acknowledge that all the information provided above is true and correct to the best of my knowledge.

Signature		Date	
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## How to Return this Form

### Post

The Chief Executive Officer  
Burdekin Shire Council  
Reply Paid 974  
AYR QLD 4807

### In Person

Burdekin Shire Council Chamber  
145 Young Street  
AYR QLD 4807

### Email

customer.service@burdekin.qld.gov.au

## What to Expect

Council takes complaints very seriously. We will contact you with five (5) business days of receiving this complaint to advise you about the complaint management process and what to expect.

### Office Use Only

CRM No.		Date Rec.	/ /	CSO Initials		Prop ID No	
Noted		Action		Function ID		Land ID No	

145 Young Street, Ayr Qld 4807 | ABN: 66 393 843 289 | [www.burdekin.qld.gov.au](http://www.burdekin.qld.gov.au)

Responsible Officer: Senior Governance Officer(10009)

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**SECURITY CLASSIFICATION.**

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