

SHIRE OF QUAIRADING

CUSTOMER REQUEST / INQUIRY / COMPLAINT

NAME:
CONTACT No:
DATE:
ROAD / LOCATION / AREA:

1. Nature of Request / Inquiry / Complaint
STAFF MEMBER ATTENDING:

2. Section to Investigate / Rectify:
3. Immediate Action Taken:
4. Date:
5. Further Action Required: YES / NO
6. Customer Contacted and Advised:
7. Comments – Works Supervisor:
8. Signed – Works Supervisor:
9. Date