SHIRE OF THREE SPRINGS COMPLAINT FORM

132 Railway Road PO Box 117 THREE SPRINGS WA 6519 general@threesprings.wa.gov.au www.threesprings.wa.gov.au (08) 9954 1001 Office Hours 8.00am - 4.00pm Monday - Friday PRINGS SHIRE

Section A: COMPLA	AINANI DETAI	ILS					
Name of Organisation/	Person:						
Residential Address:							
Postal Address:							
Contact Number:							
Email:							
Phone:	H	Home:			Work:		
Section B: DETAILS OF THE COMPLAINT – NOT TO BE USED FOR MAINTENANCE OR ANIMALS							
(Include as much detail as possible. E.g. Names of other people, location, time and date)							
Section C: SIGNATURE OF THE COMPLAINANT							
I declare that the above information is true and correct to the best of my knowledge at the time of application.							
Signature:							
Full Name:					Date:		
OFFICE USE ONLY:							
COMPLAINT		DATE RECEIVED:			DATE TO BE		
TAKEN BY: FINALISED: ACTION TO BE TAKEN:							
ACTIONING		[DATE				
ACTIONING OFFICER:			COMPLAINA	NT			
			ADVISED:	COME	PLAINT		
RECORD NUMBER: (ADM0071)				NII IN AI			