## Customer Feedback, Suggestion or Complaint Form





quality of our service.
What type of feedback are you providing?
<ul><li>□ Feedback</li><li>□ Suggestion</li><li>□ Complaint</li></ul>
Please share the details of your feedback, suggestion or complaint. Include what led you to contact the council and if possible try to include the approximate date, location and who was involved.
DETAILS

The Town of Port Hedland values your opinion and wants to hear what you think about the

If applicable please provide any documents or photos relating to above.

## Customer Feedback, Suggestion or Complaint Form

Have you previously contacted the council in relation to above matter?



☐ Yes / ☐ No



YOUR CONTACT DETAILS					
Name:					
Phone:	Mobile:				
Email:					
Postal Address:			-		
Town:	State:		Postcode:		
Preferred contact  method:	□М	obile	□ Lette	r 🗆 Email	
Would you like a response from the Town? ☐ Yes / ☐ No  Thank you for taking the time to provide details about the quality of our service.  Submission Instructions  Return completed document and any supporting documentation via one of the methods below:					
EMAIL	POS	Т		IN-PERSON	
Click the button below to email form to council@porthedland.wa.gov.au		OX 41 Hedland WA	6721	Civic Centre 13 McGregor Street Port Hedland Open Monday-Friday 8am to 4pm	

## What Happens Next?

**Privacy Notice** 

Information will be provided to the responsible officer involved to review. If you have elected to receive a response from the Town of Port Hedland, you will be contacted within 2 business days.

We will only use the information collected on this form to resolve your feedback suggestion or complaint and access will only be provided to authorised employees of Town of Port Hedland.

## Staff Instructions

Scan and email to <a href="mailto:records@porthedland.wa.gov.au">records@porthedland.wa.gov.au</a> and place originals in internal mail to records or records source box.

Delete email after sending.