COMPLAINT FORM

Please use a pen and write clearly using BLOCK LETTERS and tick ☐ where required.

Complaint made by (your details):

Preferred title:	**Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐**	
Family Name:		
Given Names:		
Address:		
	Post Code:	
Telephone Numbers		
Work:		
Home:		
Mobile:		
Email:		

Details of the complaint:

Signature:	
Printed Name:	
Date:	

Please send this form to Indigo Shire Council, PO Box 28, Beechworth VIC 3747 or via email at: info@indigoshire.vic.gov.au

The personal information requested on this form is being collected by Indigo Shire Council to enable a response to your complaint. The personal information will be used solely by Council for that primacy purpose or directly related purposes. Council may disclose this information to other areas of Council and third parties in accordance with Council's Privacy Policy. The individual may apply to Council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer.