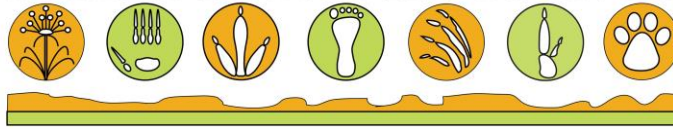


BARKLY REGIONAL COUNCIL



General Complaint / Feedback

Complaint/Feedback Type:	Staff () Garbage () Rates () Roads () Trees ()
	Other:
Name:	
Address:	
Phone:	(H) (W) Mobile:
Date / Time of Incident:	Date: / / Time:
Location of Incident;	
Nature of Complaint/feedback:	

Office Use Only

Received by:			
Date / Time Received:	Date: / /	Time:	
Sent to:			
Investigating Officer(s)			
Action Taken:			
Result:	Current () Monitoring () Resolved () No Further Complaint () No Further Action ()		
Offender's Name:			
Offender's Address:	(H)	(W)	Mobile:
Offender's Phone:	Date	Time:	
Complainant's Advised:			
Complainant's Response:			