

# Complaint Lodgement Form

Postal Address:  
General Manager  
PO Box 61  
GLEN INNES NSW 2370  
**Phone:** (02) 6730 2300  
**Email:** [council@gisc.nsw.gov.au](mailto:council@gisc.nsw.gov.au)  
**Website:** [www.gisc.nsw.gov.au](http://www.gisc.nsw.gov.au)

Use this form to submit a complaint in writing to Council, which will be used to record and resolve the complaint.

- Print clearly using BLOCK LETTERS in the space provided and tick the appropriate boxes
- If relevant sections are not completed, your complaint may not be able to be assessed appropriately

## How to lodge this complaint:

**In person:** Glen Innes Severn Council Administration Office, Town Hall, 265 Grey Street, Glen Innes NSW 2370

**Mail to:** PO Box 61, Glen Innes NSW 2370

**Email to:** [council@gisc.nsw.gov.au](mailto:council@gisc.nsw.gov.au)

Fields marked with an asterisk (\*) are mandatory.

### 1. Personal Details

*Full Name:	Title:
Business Name:	ABN:
*Postal Address:	Postcode:
*Email:	
*Telephone:	
Preferred contact method: Email (preferred) <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/>	
Are you the person affected by the complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, please advise affected person/s:	

### 2. Acting on Behalf of Others

Are you acting on behalf of another person? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, please provide the person's details below:	
*Full Name:	Title:
Business Name:	ABN:
*Postal Address:	Postcode:
*Email:	
*Telephone:	

### 3. Complaint Details

Date Lodging Complaint:	
Have you raised your complaint with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, advise who you spoke with, what you were told and why you are still dissatisfied.	

## Complaint Details continued

For new complaints, tell us what has led to this complaint. Provide as much detail as possible. (Explain **what** happened; **when** and **where** did it happen; **who** was involved; **how** you or others were affected)

What would you like to see happen as a result of your complaint?

Have you raised your complaint with another agency? Yes  No  (eg. Police, Member of Parliament)

If yes, advise who you contacted and when, along with the outcome.

## 4. What to Expect

Council takes your complaint very seriously. We will endeavour to review the matter and resolve your complaint promptly. However, on occasions where this is not possible, we will provide acknowledgement to you within ten business days and provide an update on the progress of your complaint.

### Office Use Only

Received by:	Date received:	For Action to:	Date referred for Action:

### Privacy statement

Glen Innes Severn Council is committed to protecting your privacy. The personal information you provide in this form is for the purposes directly related to the functions of Council, specifically relating to this form. The information you provide will not be used or disclosed for other purposes unless you provide further consent or as authorised by law. This information is collected under *the Privacy and Personal Information Protection Act 1998* (the Act) and if you require further information, please see our Privacy Management Plan at [www.gisc.nsw.gov.au](http://www.gisc.nsw.gov.au) or contact Council on (02) 6730 2300.

Form No:	Version No: 1.0 Date: May 2024	Review Date: May 2027	Related Documents: Complaints Management Policy, and Procedure	Resp Officer: GAO
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