



Document title: Stakeholder Complaint Form		Document number: PPK-QMS-PR-F-02	
		System: Quality Management System	
Originated by:	Approved by:	Date of revision: 03/01/2023	
Public Relations Officer	Chief Executive Officer	Revision no: 0.0	Page 1 of 2

STAKEHOLDER COMPLAINT FORM

Your Name	
Contact Details	
Physical Address	
Postal Address	
Email Address	
<p><i>What are your complaints? Please include relevant date (s), location and background information, including council employees you have contacted regarding this matter. Additional information, such as relevant photographs, can be attached to this form.</i></p>	
How could the situation be improved?	
Additional Information:	

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Office Use Only:	
Received by:	Date:
Forwarded to:	Date:
Acknowledgement Letter <input type="checkbox"/> Sent Date: _____ Staff Name: _____	Additional Correspondence <input type="checkbox"/> Sent _____ Date: _____ Staff _____ Name: _____ Reason: _____
Action Taken:	
Final Response Letter <input type="checkbox"/> Sent Date..... Staff Name.....	