

## RANGER SERVICES COMPLAINTS FORM

| Name of complainant   |       |              |               |             |            |
|---|-------|--------------|---------------|-------------|------------|
| Address   |       |              |               |             |            |
| Contact   | Phone | Email        |               |             |            |
|   |       | <u> </u>     |               |             |            |
| Details of complaint (Including time and location)  |       |              |               |             |            |
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| Do you wish to receive updates on the progress of your complaint?   |       |              | Yes           | No          |            |
| If yes, what is your preferred method of contact?   |       |              | Phone         | Email       |            |
|   |       |              |               |             |            |
| COMPLAINANT DECLARATION   |       |              |               |             |            |
| I, being the complainant declare that, The particulars provided in this form are true to the best of my knowledge and belief and I am aware that        |       |              |               |             |            |
| it is an offence to provided  |       |              | edge and beli | et and I am | aware that |
| Signed  |       | ,            | Date          | /           | /          |
|   |       |              |               |             |            |
| Please submit your completed complaints form to the Shire of Bridgetown-Greenbushes by:   |       |              |               |             |            |
| <ul> <li>Mailing to - Shire of Bridgetown-Greenbushes, PO Box 271 Bridgetown WA 6255, or</li> <li>Email to BTNSHIRE@bridgetown.wa.gov.au, or</li> </ul> |       |              |               |             |            |
| Delivering in person to the Shire Administration Office at 1 Steere Street Bridgetown.  |       |              |               |             |            |
| OFFICE USE ONLY   |       |              |               |             |            |
| Processing Officer  | OFFI  | OL OJL OIVLI | Date          |             |            |
| occosing officer  |       |              | Date          |             |            |