

TRIM Reference: _____



HEALTH COMPLAINT

COMPLAINANT DETAILS

Name: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

NATURE OF COMPLAINT

Please tick appropriate box:

- | | | | |
|--|---|--------------------------------|----------------------------------|
| <input type="checkbox"/> Animal/Vermin | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Dust | <input type="checkbox"/> Food |
| <input type="checkbox"/> Mould | <input type="checkbox"/> Noise ¹ | <input type="checkbox"/> Odour | <input type="checkbox"/> Rubbish |
| <input type="checkbox"/> Other, pls specify: _____ | | | |

¹ For Noise Complaints - noise logs will need to be submitted.

GENERAL INFORMATION

If the complaint is in regards to:

- Barking Dogs – please contact Ranger Services on (08) 9956 6600 or complete a “Barking Dog Diary”.
- Housing Authority House – please contact the Department of Community (Housing) directly.
- Overgrown Grass – please contact the City of Greater Geraldton on phone (08) 9956 6600 or email council@cgg.wa.gov.au.

OFFICE USE

Complaint No: _____

Officer Initials: _____

STATEMENT OF DETAILS

Address of
Complaint: _____

Day/Dates When Occurs:

Additional Information:

Complainant Initials: _____

COMPLAINANT DECLARATION

I, the undersigned is willing to be called as a witness (if the need arises) in any legal prosecutions that are undertaken in relation to this complaint.

Complaint Name: _____

Signature: _____ Date: _____