

WATER COMPLAINT FORM

This form is to be completed when making a complaint about the water supply in accordance with the Barcoo Shire Council Customer Service Standards – Water Supply.

CUSTOMER DETAILS			
Customer Name:			
Customer Address:			
Contact Number:			
Date:	/	/	Time: AM / PM

COMPLAINT DETAILS: <i>(Please tick box)</i>		
<input type="checkbox"/> Treated Water Supply	<input type="checkbox"/> Planned Interruption	<input type="checkbox"/> Billing / Accounts
<input type="checkbox"/> Raw Water Supply	<input type="checkbox"/> Unplanned Interruption	<input type="checkbox"/> Other :

COMPLAINT TYPE: <i>(Please tick box)</i>	Additional Comments / Diagrams <i>(Optional)</i>
<input type="checkbox"/> Water Quality	
<input type="checkbox"/> Pressure	
<input type="checkbox"/> Disruption	
<input type="checkbox"/> Leak	
<input type="checkbox"/> Main break	
<input type="checkbox"/> Other <i>(Please Specify):</i>	

LOCATION OF ISSUE / FAULT: <i>(Please detail street address)</i>

ACTIONS YOU WOULD LIKE AS A RESULT OF THIS COMPLAINT:	
CUSTOMER'S SIGNATURE:	

OFFICE USE ONLY:	
Received in Office by:	Date: / / Time: AM/ PM
Responsible Officer:	
Response / Action Details:	
Response Time (Breaks & Leaks)	
Action Completed by:	Date: / / Time: AM/PM
Authorisation Signature:	Date: / / Time: AM/PM
This complaint and action/s have been recorded on the Water Complaints Register: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOCUMENT ID NO:	