

**OFFICE USE ONLY:**

Date received:        /        /        Record no: .....

Response/acknowledgement to be provided within 10 business days        /        /

**Action taken**

Council Agenda        /        /        ☐ Yes        ☐ No

**Compliments**

Employee and/or Team advised        ☐ Yes        ☐ No

Comments

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**Complaints, Suggestions for improvement and Feedback/Concerns**

Officer responsible for investigation: .....

Outcome / Follow up Action required: .....

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Response sent to customer        /        /

Responsible Officer to sign off once process completed:.....        /        /

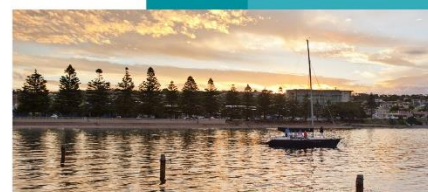


**City of Port Lincoln**

Level One, Civic Centre, 60 Tasman Terrace  
PO Box 1787, Port Lincoln  
South Australia 5606  
T: 08 8621 2300 F: 08 8621 2399  
E: [plcc@plcc.sa.gov.au](mailto:plcc@plcc.sa.gov.au)  
[www.portlincoln.sa.gov.au](http://www.portlincoln.sa.gov.au)



City of  
Port Lincoln  
*Seaford Capital of Australia*



# Customer Service Feedback / Complaint Form City of Port Lincoln

## Compliments, Complaints & Suggestions for Improvement

2-26-T1

***Council is committed to the provision of quality service to customers and regards complaints and feedback as an opportunity to improve practices and procedures as well as resolve the matter.***

*Please complete this form and return to the Council Office. Attach a blank page if further space is required.*

*Please note this form is not to be used to report any issues or maintenance requests  
– please complete the Works Request Form for these or submit your request via the MyLocal App.*

- ☐ **Compliment** - Everyone likes to know they are ‘doing a good job’ please let us know if you would like a compliment passed on to our staff for a service or function.
- ☐ **Complaint** - We take all complaints seriously. All complaints will be investigated, and you will be informed of the outcomes or findings (include date, time and location and description of event, names whom you have spoken to and dates and the outcome you hope to achieve).
- ☐ **Suggestions for improvement** - Let us know if there is a service, function, or infrastructure which you feel we could do or provide better for our community. We will review all suggestions on a regular basis and inform you of the result.
- ☐ **Feedback/Concerns** - We value your feedback so we can improve the services we provide to the community. Please share your feedback or concerns with us.

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## Contact details

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Please provide your contact details if you would like a response from Council.

Full name: .....

Residential address: .....

Postal address: .....

Phone number: ..... Email: .....