

SHIRE OF COOROW



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Leeman Admin Office
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CUSTOMER FEEDBACK FORM

Date :

D D M M Y Y Y Y

COMPLAINT

COMPLIMENT

SUGGESTION/COMMENT

THIS FORM IS USED TO BRING TO THE ATTENTION OF COUNCIL STAFF ANY COMPLAINTS, COMPLIMENTS, SUGGESTIONS OR COMMENTS FOR THE SHIRE OF COOROW.

Name:

Street Address :

Phone Number :

Time :

Email:

***DETAILS OF FEEDBACK**, Please provide as much detail as possible concerning your feedback: (eg) if it concerns a road, include the name of the road, location and nature of the feedback.*

THANK YOU FOR YOUR INFORMATION

CUSTOMER FEEDBACK FORM CONT...

Name : _____

Signature _____ Date : _____

OFFICE USE ONLY

Actioned by: _____ Date : _____

Responsible Person: _____

Entered in Records Y N Records Number /

Signature _____ Employee Position _____

THANK YOU FOR YOUR INFORMATION