

Planning Compliance Customer Feedback Form

Customers Details

Name:		Address:	
Suburb:		Post Code:	
Contact No:	(H)	(W)	(M)
Email Address			
Date of incident		Approximate time of incident	am/pm
Address of incident:		Suburb:	

Summary of Incident

Brief description of activity taking place:

Name of person/s undertaking activity (if known):

Have you discussed this issue with the person/s undertaking the activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide a brief summary of the discussion.	
Did the situation improve after discussing the incident with the person/s undertaking the activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no did the situation escalate?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Provide a brief description of the discussion and how the activity taking place has escalated:

I acknowledge: (tick box mandatory)

- All your details will be kept confidential and the details of the source of a complaint are not provided to the person/s or company that is being investigated.
- The City's Planning Compliance Officers may need to consult with other departments within the City or seek outside legal advice, in which case your details may need to be passed on.
- The City receives a large number of complaints relating to a number of various matters and the City's Planning Compliance Officers will endeavour to attend to your complaint as soon as possible. Due to the nature and legal complexity of some complaints a resolution may take some time to achieve.
- Should a matter proceed to the City taking legal action an Officer will contact you for a written statement. You may also be required to attend court to give evidence in relation to the information provided in your statement.
- The contents of this form is subject to the Freedom of Information Act 1992.

Name:	Date
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Having completed this form save and email to info@armadale.wa.gov.au or alternatively print and post to City of Armadale, Locked Bag 2, Armadale WA 6992

Office Use Only:	Date Received:
TRIM Reference No:	Parcel No: