

# Public Health Complaint Form

CUSTOMER REQ NO: \_\_\_\_\_

Date/Time Reported: \_\_\_\_\_ Taken By: \_\_\_\_\_

File No: ENV-1-13

### Customer Contact Details:

Name: \_\_\_\_\_  
 Phone/Email: \_\_\_\_\_  
 Home/Mailing address: \_\_\_\_\_

### Request Type: (Please tick):

Noise	Vectors	Food	Public Health Concern(s)
Parks/Ovals	Mosquito	Premises	<i>State details below</i>
Construction	Flies	Traders	_____
Party	Other: _____	Food Poisoning	_____
Neighbors		Other: _____	_____
Other: _____			_____

### Location Townsite:

Newman     
  Nullagine     
  Marble Bar     
  Rural  
 Other: \_\_\_\_\_  
 Date and time of noise (if applicable): \_\_\_\_\_

### Request Details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want to be advised of action/outcome?    YES    NO (Please tick) Phone / Mail / Email

### Office Use Only:

Priority:     High (within 1 day)     Medium (within 1 week)     Low (within 4 weeks)

Due date: \_\_\_\_\_

To action officer: \_\_\_\_\_ GL cost code: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**When completed:**

Action offer sign: \_\_\_\_\_ Completion date: \_\_\_\_\_

Supervisor/Manager Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Further action required: \_\_\_\_\_

\_\_\_\_\_