



# **CUSTOMER COMPLIMENT FORM**

All sections as marked \* are to be completed prior to lodging form at Council

All personal details remain CONFIDENTIAL

All compliments will be referred to the appropriate Director and/or department and any staff member/s involved.

Compliments will be recorded within our Compliments Register, outlining the details of the compliment.

A copy of the compliment will be placed on the employee's personnel file.

|   |              |
|---|--------------|
| <b>* Name of person making compliment</b> (your name) _____ |              |
| <b>* Residential address</b>                                |              |
| <b>* Postal address</b>                                     |              |
| <b>* Contact number/s</b>                                   | <b>Email</b> |

## **COMPLIMENT DETAILS**

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|--|
| <b>* Department compliment refers to</b> (if relevant) |
| <b>* Staff member/s</b> (if relevant)                  |
| <b>* What is the nature of the compliment</b>          |
| <b>* Summary of the compliment</b> _____               |
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| <b>WITNESS DETAILS</b> (if applicable) |       |
| Name                                   | _____ |
| Address / Day Time Contact Number      |       |
| *Signature                             | *Date |

Lodge written Compliment:

In Writing:

- By posting to Port Augusta City Council, PO Box 1704, PORT AUGUSTA SA 5700
- Facsimile forwarded to (08) 8641 0357
- Email forwarded to [admin@portaugusta.sa.gov.au](mailto:admin@portaugusta.sa.gov.au)

In Person

- By telephoning (08) 8641 9100
- By attending the Council Office between 9:00am to 5:00pm Monday to Friday.

### COUNCIL USE ONLY

#### ACCEPTING COMPLIMENT DETAILS

Name of staff member taking compliment / compliment form \_\_\_\_\_

Department \_\_\_\_\_ Date of Compliment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### PROCESSING OF COMPLIMENT

This form recorded in TRIM System Yes ☐

Recorded in Compliments Register AR11/11968 Yes ☐

Copy of Compliment Form referred to appropriate Director/Department Yes ☐

Copy of Compliment referred to staff member/s involved Yes ☐ N/A ☐

Copy of Compliment referred to Human Resources to be placed on relevant employee's personnel file Yes ☐ N/A ☐

Date completed \_\_\_\_\_

Processed by: \_\_\_\_\_