



PortAugusta
CITY COUNCIL

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.

* Name of person making compliment (your name) _____	
* Residential address	
* Postal address	
* Contact number/s	Email

<u>COMPLIMENT DETAILS</u>
* Department compliment refers to (if relevant)
* Staff member/s (if relevant)
* What is the nature of the compliment
* Summary of the compliment _____

WITNESS DETAILS (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) 0841 0357
- Email forwarded to 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: _____