

File No.	BREWARRINA SHIRE COUNCIL Customer Request Form	Request No.
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1. INFORMATION GATHERING STAGE

TYPE:	REQUEST	OR	COMPLAINT			
REFERRED TO:						
GM	DTS	OFFICE	MCS	FINANCE	BUILDING	HEALTH
RECEIVED:	DATE:		TIME:			
REQUEST / COMPLAINT MADE BY:						
RESIDENT	BUSINESS	TOURIST	STAFF	COUNCILLOR		
NAME:				PHONE:		
ADDRESS:				OTHER:		
REQUEST LOCATION:	ADDRESS:					
REQUEST DESCRIPTION:	<i>(N.B. Draw a diagram on back of this sheet if necessary)</i>					
REQUEST TIMING:	URGENT	NORMAL	OR BY:			
REPORTED BY:	NAME:					

2. INVESTIGATION & ACTION STAGE

ACTION REQUIRED:		DUE DATE:	
		REFERRED TO:	
ACTION TAKEN:		ACTIONED BY:	
		WHEN COMPLETED:	
		SIGNATURE:	

3. FEEDBACK TO CUSTOMER STAGE

CUSTOMER CONTACTED:	PHONE	BY PERSON	FAX	EMAIL	LETTER
	WHEN:			BY:	
FURTHER COMMENT:					

4. FURTHER ACTION REQUIRED

DETAILS:		DUE DATE:	
		REFERRED TO:	
ACTION TAKEN:		ACTIONED BY:	
		WHEN COMPLETED:	
		SIGNATURE:	

5. SIGN OFF

Name:		Date:		Signature:
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(Fwd Original to Action Officer & Copy to Corporate Secretary)