

**Barcoo Shire Council**

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**WATER COMPLAINT FORM**

This form is to be completed when making a complaint about the Water Supply in accordance with the Barcoo Shire Council Customer Service Standards – Water Supply.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CUSTOMER DETAILS** | | | | | | | | |
| Customer Name: |  | | | | | | | |
| Customer Address: |  | | | | | | | |
| Contact Number: |  | | | | | | | |
| Date: | / / | | | | Time: | | AM / PM | |
|  | | | | | | | | |
| **COMPLAINT DETAILS:** *(Please tick box)* | | | | | | | | |
| □ Treated Water Supply | | | | □ Planned Interruption | | □ Billing / Accounts | | |
| □ Raw Water Supply | | | | □ Unplanned Interruption | | □ Other : | | |
|  | | | | | | | | |
| **COMPLAINT TYPE:** *(Please tick box)* | | | | *Additional Comments / Diagrams* *(Optional)* | | | | |
| □ Water Quality | | | |  | | | | |
| □ Pressure | | | |
| □ Disruption | | | |
| □ Leak | | | |
| □ Main break | | | |
| □ Other (*Please Specify):* | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **LOCATION OF ISSUE / FAULT:** *(Please detail street address)* | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **ACTIONS YOU WOULD LIKE AS A RESULT OF THIS COMPLAINT:** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **CUSTOMER’S SIGNATURE:** | |  | | | | | | |
|  | | | | | | | | |
| **OFFICE USE ONLY:** | | | | | | | | |
| Received in Office by: | | | Date: / / Time: AM/ PM | | | | | |
| Responsible Officer: | | |  | | | | | |
| Response / Action Details: | | |  | | | | | |
| Response Time  (Breaks & Leaks) | | |  | | | | | |
| Action Completed by: | | | Date: / / Time: AM/PM | | | | | |
| Authorisation Signature: | | | Date: / / Time: AM/PM | | | | | |
| *This complaint and action/s have been recorded on the Water Complaints Register:* ***□ YES □NO*** | | | | | | | | ***DOCUMENT ID NO:*** |
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