

 **Barcoo Shire Council**

ABN 34668298330 6 Perkins Street Po Box 14

Jundah Qld 4736

T: 07 46586900

F: 07 46586137

E: shire@barcoo.qld.gov.au

W: [www.barcoo.qld.gov.au](http://www.barcoo.qld.gov.au)

**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.

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| --- |
| **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:*** |
|  |