



CUSTOMER REQ NO:

SHIRE OF EAST PILBARA

PUBLIC HEALTH COMPLAINT FORM

File No: ENV-2-5

Date/Time Reported: _____ Taken By: _____

CUSTOMER CONTACT DETAILS:

Name:	
Phone/Email:	
Home/Mailing Address:	

REQUEST TYPE *(Please tick):*

PUBLIC HEALTH CONCERN(S)

- | | | |
|---|---|---|
| <input type="checkbox"/> Parks / Ovals | <input type="checkbox"/> Mosquito | <input type="checkbox"/> Other..... State details below |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Flies | |
| <input type="checkbox"/> Party | <input type="checkbox"/> Premises | |
| <input type="checkbox"/> Neighbours | <input type="checkbox"/> Traders | |
| <input type="checkbox"/> Food Poisoning | <input type="checkbox"/> Overgrown Properties | |

LOCATION TOWNSITE

- NEWMAN
 NULLAGINE
 MARBLE BAR
 RURAL
- OTHER

DATE AND TIME OF INCIDENT: _____

REQUEST DETAILS: _____

Do you want to be advised of action/outcome? YES NO *(Please tick)* Phone / Mail / Email

OFFICE USE ONLY

PRIORITY:

- High (within 1 day)
 Medium (within 1 week)
 Low (within 4 weeks)

Due Date: _____

TO ACTION OFFICER: _____ GL COST CODE: _____

COMMENT: _____

WHEN COMPLETED:

ACTION OFFICER SIGN: _____ COMPLETED DATE: _____

SUPERVISOR/MANAGER SIGN: _____

FURTHER ACTION: _____