



KARIBIB TOWN COUNCIL

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COMMUNITY COMPLAINT FORM

ALL INFORMATION PROVIDED WILL BE TREATED WITH STRICT CONFIDENTIALITY

SECTION A: COMPLAINANT INFORMATION

Full Name:		Physical Address:	
Contact Nr:		Email Address	
Date of Complaint:			

SECTION B: COMPLAINT DETAILS

Type of Complaint (tick where applicable):

☐ Water	☐ Waste Management	☐ Roads/Infrastructure	☐ Public Safety
☐ Electricity	☐ Noise/Nuisance	☐ Illegal Dumping	☐ Staff Conduct
☐ Other (please specify)			

Location/Area of Incident:
Date and Time of Incident (if known):
Description of the Complaint:
Do you have any supporting documents or photos: ☐ Yes ☐ No

SECTION C: PREVIOUS REPORTS (IF ANY)

Have you reported this issue before? ☐ Yes ☐ No
If yes, when and to whom?
What action was taken

SECTION D: SUGGESTED SOLUTION

What outcome or action do you expect from the Council regarding this complaint?

FOR OFFICE USE ONLY

Received By (Name):			
Position:			
Date Received:			
Forwarded to (Name):		Date	
Feedback Given to the Complainant:			
Action Taken / Remarks:			