

COMPLAINT SUBMISSION FORM

Please fill this form in as much as possible to aid the investigation and recording of complaints.

DATE:

COMPLAINANT CONTACT DETAILS (your details) – These Details Are Confidential

NAME: ADDRESS:
PHONE: MOBILE:
EMAIL:

COMPLAINT DETAILS

Location/Address:

Person/Company:

When did issue arise/alleged offence occur (dates and times):

Do you have photos / evidence (if so please attach):

ISSUE/ALLEGATION - Observations / Explanation of believed offence:

ALLEGED BREACH OF LEGISLATION (if known) I.E. RMA 1991, LGA 2002, DISTRICT PLAN RULE / BYLAW):

ADDITIONAL INFORMATION: