

CUSTOMER COMPLAINT FORM

& REQUEST TO BE ON COUNCIL MEETING AGENDA

City of Bovill
PO BOX 569
Bovill, ID 83806
(208)826-3603
bovillcity@turbonet.com

All sections as marked * are to be completed prior to returning the form to the City

All personal details remain CONFIDENTIAL

Complaints will be assigned to the appropriate council person.
If complaint includes an agenda request, this document must be returned within 3
working days of the next scheduled meeting.

*Name of person making Complaint _____

*Residential Address _____

*Postal Address _____

*Contact Number/s _____ Email _____

COMPLAINT DETAILS

Date of Incident (if relevant) _____ Time _____

Location of Incident _____

Who/What is the subject of your Complaint _____

Summary of Complaint/Issue _____

Request to be on Next Council Meeting Agenda (answer required): ____ Yes ____ No

WITNESS DETAILS (if applicable)

Name _____

Address _____ Daytime Contact Number _____

COMPLAINT OUTCOME:

As a result of making this complaint, is there any outcome you would like? Yes No

If yes, please provide details _____

**Upon signing this form I agree that should legal proceedings be required I will
APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH OF THIS COMPLAINT**

*Complainants name _____ (signature) _____ (date)

Return written Complaint:

- By mail: PO Box 569, Bovill, ID 83806
- Faxing to (208)826-3603
- Emailing to bovillcity@turbonet.com

COUNCIL USE ONLY

INVESTIGATION DETAILS

Name of Person investigating incident _____

Title _____ Date of Investigation ____ / ____ / ____

Customer complaint acknowledged Date: ____ / ____ / ____

Investigation Details _____

(If no action is to be taken, please explain why)

ACTIONS ARISING FROM INVESTIGATION Date to be completed _____

Immediate _____

Further recommendations _____

INVESTIGATION OFFICER

Signature _____ Date _____

Complainant Advised Yes No Record No ____ / ____ Date _____