

DATE COMPLAINT RECEIVED:					
TIME COMPLAINT RECEIVED:					
PERSON RECEIVING:					
METHOD RECEIVED:		PHONE <input type="checkbox"/>	EMAIL <input type="checkbox"/>	IN PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>
COMPLAINANT'S DETAILS:	NAME:				
	ADDRESS:				
	TELEPHONE:				
	EMAIL:				
	RELATIONSHIP:				
DETAILS OF THE COMPLAINT:	LOCATION:				
	PERSONS INVOLVED:				
	VEHICLES INVOLVED:				
	RELEVANT TIMES:				
	ANIMALS INVOLVED:				
	NUMBER OF ANIMALS:				
	INJURIES TO ANIMALS:				
	OTHER DETAILS:				
Date Signature					
<p><i>Please hand this form into your nearest Regional Delivery Centre or mail this form to Roper Gulf Regional Council: PO Box 1321, Katherine NT 0851.</i></p> <p>Privacy Notice: The information provided on this form will be used by Roper Gulf Regional Council to follow up your complaint. The information may be provided by Roper Gulf Regional Council to external parties by direction pursuant to the <i>Information Act</i>, or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely.</p>					
CLASSIFICATION	ROUTINE <input type="checkbox"/> (5 days)	SERIOUS <input type="checkbox"/> (2 days)	CRITICAL <input type="checkbox"/> (24 Hrs)		
ASSIGNED TO:	INSPECTOR'S NAME:				
	SUPERVISOR'S NAME:				
	DATE:		TIME:		