Service Complaint Form

Name:	
Residential address:	
Postal address:	
Postcode:	
Telephone:	**Mobile:**
Email:	**Date:**
Staff member dealt with so far:	

Complaint details:

Preferred solution:

When complete, please detach the form and deliver to:

In person:
Administration Building
Civic Boulevard, Rockingham
Monday to Friday
8.30am to 4.30pm

In writing:
Chief Executive Officer
City of Rockingham
PO Box 2142
ROCKINGHAM DC WA 6967

By fax: 08 9592 1705
By email: customer@rockingham.wa.gov.au
Website: www.rockingham.wa.gov.au

Copies of this form can also be downloaded from the website at www.rockingham.wa.gov.au