

COMPLAINT FORM

Your information (complainant)

Today's date	
Name:	
Address	
Contact Phone Number	
Email Address	

<p>Tell us about your complaint <i>What was discussed – Who did you discuss the matter with – when did you discuss this matter.</i></p>	<p><i>Have you tried to contact a CYLC manager to discuss the problem?</i> <i>If "Yes", was any agreed action taken</i> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Date, time, place of event leading to complaint	
Date:	
Time:	
Location of event leading to complaint	

Provide a brief description about your complaint.

[illegible]

Supporting documentation

If you want to attach relevant documentation, or don't have enough space on this form, you can attach additional documents to this form. I am attaching a document(s)

Doc 1-Name	
Doc 2 - Name	
Doc 3 - Name	

Submit your complaint.

Please check that the details are correct before submitting your complaint.

Email: info@cylc.org.au

Post: Executive Office, Cape York Land Council, 32 Florence Street, Paramatta Park, Cairns 4870