
APPLICATION FOR ADMINISTRATIVE ACTION REVIEW

Council wants to make it easy for you to apply for an Administrative Action Review.

Simply fill out this form and send it to the Chief Executive Officer, North Burnett Regional Council, PO Box 390, Gayndah QLD 4625. If you prefer you can phone Council's Customer Service Centre on 1300 696 272, or visit our website at www.northburnett.qld.gov.au for advice on how to apply for an Administrative Action Review.

You are encouraged to lodge a formal application for an Administrative Action Review so that we may have an opportunity to investigate the matter and respond to your request.

Please Note – the purpose of this form is to request a review of an administrative decision already made by Council. This form should not be used to lodge a request for service or complaint about a matter that is not an administrative decision. Contact the Customer Service Centre on 1300 696 272 if you are unsure whether your matter is in relation to an administrative decision.

All Administrative Action Reviews follow the steps contained within the Administrative Action Complaints Management Process, which is available on Council's website and in Council's customer service centres.

NATURE OF REVIEW

The Administrative Action that I am unhappy with relates to:

- A decision, a failure to make a decision, or a failure to provide a written statement of reasons for a decision;
- An act, or failure to act;
- The formulation of a proposal or intention;
- The making of a recommendation;
- Other (please specify): _____

CONTACT DETAILS

Name: _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Mobile:** _____

COMPLAINT DESCRIPTION

Details: _____

REVIEW DETAILS

Have you previously lodged an Administrative Action Review form with Council about this matter?

- Yes
- No

If yes, please provide your Customer Request Number, the details of who you spoke to, the information that you were given, and the reason that you are still dissatisfied. Please attach any documents that you have from previous contact. Use a separate sheet if needed.

For NEW applications for Administrative Action Review, tell us WHAT happened or failed to happen. WHO was involved? WHEN did it happen? Please make sure that you include as many details as possible and attach any relevant documentation. Attach a separate sheet if needed. If you are making an anonymous application, please provide as much information as possible as Council will be unable to contact you to seek further information.

What would you like to see happen as a result of your application for Administrative Action Review?

DECLARATION

I declare that the above details are true and correct.

Signature: _____ Date: _____

WHAT TO EXPECT

- We take administrative action review applications seriously.
- We will acknowledge your complaint within five (5) business days of receiving this application.
- Urgent matters will be dealt with within fourteen (14) business days.
- You will receive a response to your administrative review application within thirty (30) business days if it is considered non urgent. For complex complaints, this period will be seventy five (75) business days. If, for some reason these timeframes cannot be met, you shall receive correspondence outlining the nature of the delay and an estimated date for a response.
- If you have made an anonymous application, you will not receive a response as to the outcome of your application.

Thank you for bringing this matter to our attention.

Privacy Notice: Any personal information collected by the North Burnett Regional Council is in accordance with section 268 of the Local Government Act 2009. Information received will only be used by authorised Council officers to investigate complaints and will not be disclosed to any third parties without prior consent unless required to by law.

In some cases where complaints have escalated, this information may be disclosed to authorised State government agencies for the purpose of reviewing decisions.

Officers Details

Name: _____

Title: _____

Remedy Sought: _____

Signature: _____

Date: _____

Reference No: _____