



# CASSOWARY COAST REGIONAL COUNCIL

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## Public Damages Claim / Statement

*This form is to be used when a member of the public wishes to make a complaint for damages or injury.*

### Date Form Received by CCRC

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### Customer Details

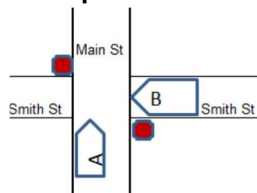
<b>Name:</b>	<b>First name</b>	<b>Surname</b>
<b>Phone number</b>		
<b>Email address</b>		
<b>Residential address</b>		
<b>Postal address</b>		

### Incident Details

<b>Date of Incident</b>	
<b>Location</b>	
<b>Description of accident or incident</b>	

### Diagram of accident or incident (if applicable)

**Example:**



Conditions	
Weather	<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Sunny <input type="checkbox"/> Overcast <input type="checkbox"/> Other
Lighting	<input type="checkbox"/> None <input type="checkbox"/> Artificial <input type="checkbox"/> Not working
Contribution Factors	<input type="checkbox"/> Uneven Ground <input type="checkbox"/> Pavement <input type="checkbox"/> Hole <input type="checkbox"/> Tree <input type="checkbox"/> Other

Witness		
Name:	First name	Surname
Phone number		
Email address		
Postal address		

Emergency Services			
Did Emergency Services attend?	<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fire Brigade
If yes, please provide report identification number:			

Additional Comments

Cost Recovery	
Are you seeking costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach copies of quotes, receipts, medical certificates etc. Please note your claim can not be assessed by Council before these documents are received.	
Documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration			
I declare the above information is true and correct.			
Name		Signature	
Customer Service Officer		Signature	

The Cassowary Coast Regional Council respects your privacy. Your personal information is collected for the purpose of investigating your claim. The collection of your information is authorised under the Workplace Health & Safety Act 1995. It may be necessary to pass on your personal details to a third party being that of Councils Insurer or other Council Department to verify the details of your claim, no other party will be provided with your personal details unless disclosure is required by law. You may apply to access this information on the appropriate form obtainable from Council website at any time.