

Complaints Form

Please complete the form and forward to: **Managing Director – 2/6 Weld Street Prestons NSW 2170**

Person Making Complaint

Name: _____ Company: _____

Number: _____ Address: _____

Incident

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Details: _____

Signature: _____ Date: _____

Office Use Only

Date received: ___/___/___ Complaint Number _____

Action Taken: _____

Complainant sent written statement of complaint being received? YES NO

Complainant sent written statement of action taken? YES NO

Complaint referred to a third party? YES NO

Time taken to resolve complaint: _____

Finalised By: _____

Signature: _____ Date: _____