COMPLAINT FORM

PART A – ABOUT YOU

FILL IN THIS BOX IF YOU ARE MAKING A COMPLAINT	
Name of person:	
Name of nominee if applicable:	
Address:	Phone:
Date complaint lodged:	Email:

FILL IN THIS BOX IF SOMEONE IS ASSISTING YOU WITH THE COMPLAINT - FOR EXAMPLE A FAMILY MEMBER, YOUR NOMINEE OR REPRESENTATIVE.
Name of representative:
Organisation:
Postal Address:

CONTACT NUMBERS
Business:
Mobile:
Email:

My preferred contact is:

Providing Solutions for Life

T 1300 723 830 **| F** (03) 5144 6044
A 70 Princes Highway, Sale, VIC, 3850 **|** 97-99 Princes Street, Traralgon, VIC , 3844
E sales@accessrehabequip.com.au **|** www.accessrehabequip.com.au

PART B – YOUR COMPLAINT

WHAT IS YOUR COMPLAINT ABOUT?

Provide some details to help us understand your concerns. You can include what happened, time and date, where it happened and who was involved.

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PART C – WHO IS YOUR COMPLAINT ABOUT?

WHO OR WHAT DOES YOUR COMPLAINT RELATE TO

Name/organisation:

What is this person's/organisation's relationship to you? Click here to enter text.

WHAT OUTCOMES ARE YOU SEEKING?

SUPPORTING INFORMATION SUCH AS WITNESS NAMES, PHOTOS AND CORRESPONDENCE OR EMAILS ETC