

Please email completed form to  
[solutions@24hourpositioning.com.au](mailto:solutions@24hourpositioning.com.au)  
or post to: 24 Hour Positioning,  
11 Mitchell Rd, Brookvale NSW 2100



# COMPLAINT FORM

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Date of Complaint Lodgement: \_\_\_\_\_

## CLIENT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Complaint made by (if not client): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## COMPLAINT DETAILS

Details of Service Provided: \_\_\_\_\_

*and/or*

Staff Member Involved: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Details of Complaint:

**STEPS ALREADY TAKEN TO RECTIFY COMPLAINT**

**PROPOSED RESOLUTION**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILS OF ANY EVIDENCE**

Details of any evidence: \_\_\_\_\_  
\_\_\_\_\_

Don't forget to include all documentation to validate your complaint.

**OFFICE USE ONLY**

Form Accepted by: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Signature & Date: \_\_\_\_\_

