

Please email completed form to  
**solutions@24hourpositioning.com.au**  
or post to: **24 Hour Positioning,**  
**Unit 1 /33-35 Lower Gibbes St,**  
**Chatswood NSW 2067**



# 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:

