

Complaints Form

HiFlex Physio

Personal Information	
Title Mr/Mrs/Ms/Miss/Dr/Other (Please specifiy)	Mrs.
First Name	Lola
Surname	King
House/ Unit No & Street	85.
Suburb/ Town	Curved Street, Cairns
State	QLD
Postcode	4870
Area Code & Phone Number	Work: 0X XXXX XXXX Home: 0X XXXX XXXX Mobile: 0X XXXX XXXX
Fax Number	0X XXXX XXXX

Your Complaint	
Centre	Cairns
Location	HiFlex Physio Centre
Program Title/ Instructor / Product	Yoga Mat
Date & Time of Action for Complaint	28th July 2010
Complaint Issue	Item replacement

Complaints Summary (Office Use Only)

I received the yoga mat I ordered throuh mail. But I want to request for a replacement as I received one that is blue when I specifically ordered it to be pink.

Lola King

Please sign here

28/07/2010

Date

This form may be posted or faxed to HiFlex Physio Centre, PO Box XXXX, Cairns Qld 4870.

Privacy Note: The information in your complaint, including your name and address, will be disclosed to relevant staff concerned during the course of investigating your complaint.

If you do not include your name and address details, HiFlex Physio will not be able to respond to your complaint