

Complaints Form

HiFlex Physio

Personal Information	
Title Mr/Mrs/Ms/Miss/Dr/Other (Please specifiy)	Mr.
First Name	Robert
Surname	Mann
House/ Unit No & Street	045
Suburb/ Town	That 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	General Fitness
Date & Time of Action for Complaint	17th November 2010
Complaint Issue	Refund

Complaints Summary (Office Use Only)

I would like to get a refund on my membership because my doctor have advise me to minimize any physical activities as my operation heals. Submitting this in a complaint form because the receptionist doesn't seem to know the refund procedure for your organisation.

Robert Mann

Please sign here

17/11/2010

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.