Complaints Form Template

HiFlex Physio

Personal Information	
Title Mr/Mrs/Ms/Miss/Dr/Other (Please specifiy)	Mrs.
First Name	
Surname	
House/ Unit No & Street	
Suburb/ Town	
State	
Postcode	
Are Code & Phone Number	Work: _____ Home: _____ Mobile: _____
Fax Number	

Your Complaint	
Centre	
Location	
Program Title/ Instructor / Product	
Date & Time of Action for Complaint	
Complaint Issue	

Complaints Summary (Office Use Only)

Please sign here

Date

This form may be posted or faxed to HiFlex Physio Centre, PO Box XXXXX, 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.