

Complaints Form

HiFlex Physio

Personal Information	
Title Mr/Mrs/Ms/Miss/Dr/Other (Please specifiy)	Ms.
First Name	Margaret
Surname	Bell
House/ Unit No & Street	123 Any Street
Suburb/ Town	Cairns
State	QLD
Postcode	4870
Area Code & Phone Number	Work: 0X XXXX XXXX Home: 0X XXXX XXXX Mobile: 0X XXXX XXXX
Fax Number	N/A

Your Complaint	
Centre	Cairns
Location	HiFlex Physio Centre
Program Title/ Instructor / Product	Step - Advanced
Date & Time of Action for Complaint	11th March 2008
Complaint Issue	Margaret felt that the class was too intensive even for an advanced class. She felt that given her experience in other Centres around capital cities in Australia, that this class pushed participants too hard, could cause damage and loss of confidence. She wanted her money back.

Complaints Summary (Office Use Only)

As above

Margaret Bell

Please sign here

11th March 2008

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.