

Complaints Form

HiFlex Physio

Personal Information	
Title Mr/Mrs/Ms/Miss/Dr/Other (Please specifiy)	Mr
First Name	John
Surname	Roberts
House/ Unit No & Street	123
Suburb/ Town	The other 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
Date & Time of Action for Complaint	6th December 2009
Complaint Issue	Opening Times

Complaints Summary (Office Use Only)

I have arrived every Mon, Wed, and Fri morning at 6am to work out. On every occasion the centre has opened at 6.15 despite clearly advertising its opening time at 6. I took full year membership specifically because you were open from 6 and this allowed me to complete my work outs and still get to work on time. Your staff arrives at 6 or 6.05 but the clients do not have access until the opening procedures are carried out. we have to wait outside until the are completed. I want a refund on my membership!

John Roberts

Please sign here

6/12/2009

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.