Allens Training Pty Ltd

Date: 1/11/07

GENERAL COMPLAINTS FORM

Please complete the details below and send the form to "Complaints Manager" - PO Box 1265
Goulburn NSW 2580

Person Making Complaint

Name: _____ Company: _____

Number: _____ Address: _____

Incident

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Details: _____

_____

_____

_____

_____

_____

_____

_____

_____

Signature:..... Date: _____

Office Use Only **Date received: ____/____/_____** **Complaint Number_____**

Action Taken: _____

_____

_____

_____

_____

_____

_____

_____

Complainant sent written statement of complaint being received? Y / N

Complainant sent written statement of action taken? Y / N

Complaint referred to a third party? Y / N

Time taken to resolve complaint: _____

Finalised By: _____

Signature:..... Date: _____