

**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: \_\_\_\_\_

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Signature:..... Date: \_\_\_\_\_

**Office Use Only**    Date received: \_\_\_/\_\_\_/\_\_\_    Complaint Number \_\_\_\_\_

Action Taken: \_\_\_\_\_

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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: \_\_\_\_\_