

Complaint Form

DETAILS of COMPLAINANT (person making the complaint)

Name:

Residential Address:

Email address:

Phone:

How would you like us to contact you?

Phone

SMS

Email

Best time to contact you during business hours?

am

pm

COMPLAINT DETAILS (attach additional information if required)

Date:

Time:

Location:

Description of what occurred:

Names (or descriptions) of people involved and their role in the matter:

Action taken at the time:

How has this matter impacted you?

Have you previously tried to resolve the issue before making this complaint? Yes No

If so, what did you do?

How do you think the matter can be resolved?

Have you lodged this complaint with any other agency/ies? Yes No

If yes, where:

Is there anything else we need to know about you or the circumstances of this complaint to enable us to effectively address the matter?

Thank you

This information will be used to help us resolve your complaint as quickly as possible. We will need to speak to you to confirm your identity if your complaint requires us to access and/or disclose sensitive or personal information.

Please submit this complaint form by returning it to either of the following options:

Email: info@ctcql.com.au
Post: 38 Armstrong Street, North Rockhampton Qld 4701
Personal Delivery: As above
Phone: 1300 999 282 and ask to speak with the General Manager

Related Documents

1. Complaint Policy PO-044
2. Complaints Procedure PR-030
3. Record of Complaint Form FF-0002
4. Complaints Register FF-0003