



Complaints Resolution Form

**QMS
Forms**

Person Receiving Complaint

Name _____ Date _____

Person Making Complaint (Plaintiff)

Name _____ Date _____

Company _____ Phone Number _____

Postal Address _____

Signature (if possible) _____

General Nature of Complaint - Repeat complaint back to plaintiff to confirm your understanding

Who is the complaint made against _____

When did the problem arise _____

What is the complaint _____

Circumstances or reasons for complaint _____

Other parties involved in the complaint - Names and Contact Phone Numbers

**Complaint can be posted to: Compliance Officer
PO Box 411
Bunbury 6230**

or scanned to trgskls@gtsw.com.au

Phone 9796 6111 for further information



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Preliminary proposed action

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Referred To - Appropriate staff member or manager for investigation

Name _____ Date _____

Interview and/or Issues and Resolutions

Issue	Resolution
Issue	Resolution
Issue	Resolution
Issue	Resolution

Recommendations

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Passed to CEO

Signature _____ Date _____

Comments _____

MANAGEMENT INVESTIGATION

Action Taken

Recommendations

Information Passed to: _____

Plaintiff advised by: _____ Date _____

Signatures

_____ Investigating Officer