

# COMPLAINTS FORM

## PERSONAL INFORMATION

Date

Name of Customer (Optional)

Name of Person Completing this form

Relationship to the customer

Does the customer know you are making the complaint?  YES  NO

Does the customer consent to you making the complaint?  YES  NO

*PLEASE ONLY COMPLETE THIS SECTION IF YOU HAVE GIVEN US YOUR NAME*

Who should we discuss the complaint with?  Customer  Person completing the form

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Preferred Method of Contact:  Phone  Email

## WHAT IS THE COMPLAINT ABOUT?

## WHAT ACTION WOULD YOU LIKE TO SEE FROM THIS COMPLAINT?

Have you made a complaint to the NDIS Quality and Safeguards Commission?  YES  NO

Please fill in the form and email it to the We Rock the Spectrum Gym relevant to your complaint. You can also mail or drop the form to your WRTS Gym.