



REFLEXOLOGY ASSOCIATION OF AUSTRALIA
PO Box 135 Mitcham Shopping Centre
South Australia 5062
Ph 0439 095 510
admin@reflexology.org.au

COMPLAINT FORM

1. INFORMATION FOR COMPLAINANTS

- A complaint should only be lodged if you have been unable to resolve your issue or concern informally.
- Standard complaints may take up to 30 working days to finalise.
- Complex complaints may take up to 70 working days to finalise.
- Complainants may be asked to provide additional information to support their complaint.

2. COMPLAINANT CONTACT DETAILS

Title: Mr Mrs Ms Miss

Last name

First name

Current residential address

Current mailing address (if different to residential address)

Daytime contact telephone numbers

Work

Home

Mobile

Email

Preferred Contact Method: Telephone Letter Email

3. OTHER PARTY AND AGENCY DETAILS

Does the complaint involve a breach of privacy? Yes No

Have you reported this complaint to any other agency? Yes No If yes to whom:

Name

Phone number

Have you informally reported this complaint to the other party? Yes No If yes to whom:

Name

Phone number

4. INFORMAL NOTIFICATION

If you notified the other party and was unable to resolve the complaint, what was the result?

5. COMPLAINANT SUMMARY

Please outline what happened, when it happened, where it happened and who was involved? If necessary, attach an extra page to outline the complaint. Any documentation that supports your complaint should also be provided (copies only).

What is your expected outcome?

6. ACKNOWLEDGMENT

All of the information provided is true and correct to the best of my knowledge.

Signature	Date
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7. PRIVACY NOTICE

- Our Commitment to You:
- We will only use the information provided on this form to resolve your complaint. Your personal information will not be provided to any person you may be complaining about, unless it is specifically required to ensure your complaint is appropriately dealt with. None of the information you provide on this form will be disclosed outside of this Association without your permission, unless we are required to do so by law.

8. HEALTH COMPLAINTS BODIES

- <http://www.hcsc.sa.gov.au> Health and Community Services Complaints Commissioner South Australia
- <http://www.hccc.nsw.gov.au> New South Wales Health Care Complaints Commission
- <http://www.hrc.qld.gov.au> Queensland Health Quality and Complaints Commission
- <http://www.healthcomplaints.tas.gov.au> Tasmanian Health Complaints Commissioner
- <http://www.health.vic.gov.au/hsc/> Victorian Health Services Commissioner
- <http://www.healthreview.wa.gov.au> West Australian Office of Health Review
- http://www.nt.gov.au/omb_hcsc/hcsc Northern Territory Health and Community Services Complaints Commission"
- <http://www.healthcomplaints.act.gov.au> The Australian Capital Territory Community and Health Services Complaints Commissioner

9. OFFICE USE ONLY

Receiving Officer's name and signature:

Position

Date

Complaint lodged: Telephone In person In writing via email

Referred to Complaints Handling Committee by

Date

Action Strategy

Date

Action Taken

Date/s

Resolved / Unresolved

Date/s

Yes No Date _____

Added Notes

Date/s