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CLIENT COMPLAINT FORM

This form is to assist you in making a complaint in relation to the Pine Rivers Neighbourhood Centre.

If you need more space to complete this form, please attach additional pages.

Your details:

Name: _____

Address: _____ Postcode: _____

Email: _____

Phone: (H) _____ (M) _____

Your Complaint:

Please describe your complaint (attach additional sheets if necessary). Please include date/s, time/s, place/s and name/s if known.

Office use only: To be completed by the Director in response to complaint

Action Taken: *Include dates, times and people involved*

Follow-up: *Include dates, times and people involved*

Resolution: *what was the outcome?*

General Comments: *points to consider/action to be taken to avoid recurrence of this type of complaint*

Date _____ Signed _____