**Complaints Form**

**Instructions:**

1. Complete this form and submit by email to Master Plumbers Membership or Technical Department (membership@plumber.com.au).
2. Clearly state the nature of your complaint and attach any evidence you have to support your claim.
3. You will be notified in writing of the outcome of your complaint.

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| --- | --- | --- | --- | --- | --- | --- |
| Complainant Name: | |  | | Date Lodged: | |  |
| Address: | |  | | | | |
|  | | | | | | |
| Telephone |  | | | Mobile: |  | |
| Email: |  | | | Date of incident |  | |
| Nature of Complaint: | | |  | | | |
| Complaint Against: | | | Business Name: | | | |
|  | | | ABN or Business address: | | | |
|  | | | Employee(s) involved: | | | |
| Describe the nature of the complaint: | | | | | | |
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| (further space available below) | | |  | |  | |

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| --- | --- | --- |
| Describe any actions made to resolve the issue to date and any response(s) received: | | |
|  | | |
| Complainants signature: | Date |  |

**Office use only:**

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| **Detail action taken:** | | | |
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| Complainant notified:  □ Yes □ No Date: \ \ | | | |
| Authorised Signatory: | | Date: | |

|  |  |
| --- | --- |
| Further Information: | |
| Signature or Complainant: | Date: |