**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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |

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