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CAIRNS AUDIOLOGY GROUP
HEARING · TECHNOLOGY · COMMUNICATION · SOLUTIONS

Complaint / Feedback Form

Would you like to provide	Feedback □ Make a Complaint □	
Name*:		Date: / /
Contact Details*:		
Have you addressed your feedback or complaint with the staff member in question? Yes □ No □		
Details of Feedback or Complaint (tell us what happened, include the date, how do you feel about the incident and if you have tried to resolve the issue)		
Who is the feedback/complaint about? _____ Details: NOTE: Please attach additional information if this space is not adequate for your response.		
What would you like to see happen?		
Would you like us to contact you to discuss your complaint and a possible resolution? Yes □ No □		

_____ _____

Signature

Signature (Staff member taking the complaint)

Date Received: ___/___/___

*Optional Information