COMPLAINT & FEEDBACK FORM

Please be assured that all information is strictly confidential.

If you feel unsure about anything or would like help to complete this form, please speak to a Team Member or one of the Leadership Team.

We encourage you to make your complaint or provide feedback in writing and will endeavour to respond as soon as possible.

Personal details

Postal Address:			Postcode:
Email:			
Phone No:			
Details of the complaint			
ls the complaint or feedback r	elated to:		
Team Member of Kieser		Volunteer of	
Kieser Service delivery		Specific	
incident			
What happened?			

Where it happened?	
When it happened? (Include date if possible)	
Who was involved? (List all persons involved and witnesses if applicable)	
Did someone witness the incident? Would they be willing to be contacted	
regarding your complaint? If so, provide the name and contact details. (Inform	
the witness that they may be contacted by Kieser to discuss the matter.)	

Any other relevant details:
Have you discussed the matter with the person/s involved?
Yes No No
 If yes, what was the outcome, if any?
If no, is there any reason/s that you cannot do so?

	r complaint and/or feedback?
Additional information/suppo	orting documentation
	original) of any documents that may help us to handle the
	if you have letters, emails, faxes or records of the the person/s associated with the complaint.
•	
	as fast as we can, please ensure your contact details are letails change please let us know as soon as you can.
opt up to date. If any or your de	Stalls sharige please for as know as soon as you can.
Please sign and date this form.	
Please sign and date this form.	