

## COMPLAINTS REPORT FORM

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*This form is to be used by those who have a complaint that they has not been able to resolve through informal discussion. Providing the information below and confirming your contact details will assist the management staff at Warrior Health Solutions T/A Eton Place.*

Your Name

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Email:

Phone:

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Address:

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### **Please tick what type of complaint applies**

Dissatisfaction with an

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### **Date of the incident:**

*(include date range where relevant)*

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### **The people involved in the incident were:**

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### **The details of the complaint are as follows (including time, place and witnesses):**

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**I would like the following action to be undertaken by the Company:**

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**I attempted to resolve this complaint informally as set out below:**

*Please provide any supporting documentation.*

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**Declaration:**

*I declare that the information given on this form is true and correct.*

.....  
**Signature**

.....  
**Date:**