

# COMPLAINTS REPORT FORM

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*This form is to be used by those who have a complaint that they have 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

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Address:

**Who/what is the subject of your complaint?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of the incident:**

*(include date range where relevant)*

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:**