



COMPLAINT FORM

COMPLAINANT DETAILS	
Name of Person Lodging Complaint:	
Address:	Daytime Contact No:
Date:	Email:

COMPLAINT DETAILS	
Date of Incident (if relevant):	Time:
Who/ What is the Subject of Your Complaint:	
Summary of Complaint/ Issue:	

WITNESS DETAILS (please leave blank if not relevant)	
Name:	
Address:	Daytime Contact No:

COMPLAINT OUTCOME	
As a result of making this complaint, is there any outcome you would like? Yes/ No	
If yes, please provide details:	
COMPLAINANT SIGNATURE	DATE
NAME OF PERSON RECEIVING COMPLAINT:	

LODGEMENT

The completed complaint form should be lodged with the activities organiser, or a director of Positive Vibes Foundation via email (info@positivevibes.org.au) or post (Building 32, Balcombe Heights Estate, 92 Seven Hills Road, Baulkham Hills 2153).

INVESTIGATION DETAILS

Name of Person Investigating Incident:

Title/ Position:

Date of Investigation:

Investigation Details:

ACTIONS ARISING FROM INVESTIGATION (if no action is to be taken, please explain why)

Immediate Actions:

Date(s) to be Completed:

Further recommendations:

INVESTIGATION OFFICER

Signature:

Date:

Complainant Advised: Yes/ No

Date: