


## COMPLAINTS & APPEALS FORM

<b>Full name of complainant or appellant</b>		<input type="text"/>	
<b>Address</b>		<b>Phone number</b>	<input type="text"/>
<hr/>		<b>Email address</b>	<input type="text"/>
<hr/>			
<b>State</b>	<b>Postcode</b>		
<b>Details of complaint or appeal</b> What are you dissatisfied about, please say what happened and when.			
<input type="text"/>			
<b>Action taken so far</b> What have you done already to address this issue e.g. phone calls, emails, letters, visits.			
<input type="text"/>			
<b>Outcome expected</b> What would you like to be done to resolve this issue.			
<input type="text"/>			
 If you need to provide additional information, please use a separate sheet of paper and attach it to your form		<b>Representative of the complainant or appellant</b> <i>(if applicable)</i>	
<b>Name</b>	<input type="text"/>	<b>Full name</b>	<input type="text"/>
<b>Signed</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>
		<b>Email</b>	<input type="text"/>
		<b>Address</b>	<input type="text"/>
		<hr/>	
		<b>State</b>	<b>Postcode</b>
<b>Date</b>	<input type="text"/>		

**DOWNLOAD AND COMPLETE THE FORM BEFORE RETURNING TO US BY**

ABN 78 128 582 383

**EMAIL** office@bluechp.com.au **POST** The Complaints Manager, BlueCHP Limited  
PO Box 315x, Leumeah NSW 2560