


COMPLAINTS & APPEALS FORM

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

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