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COMPLAINTS / GRIEVANCES / APPEALS FORM

Combined Team Services will respond to complaints promptly with minimum distress and maximum protection to all parties. A full copy of our Grievances, Complaints, Appeals Procedure is available for download from our website or by request from our Administration Manager via the above address.

This form is to be used by staff or clients who wish to lodge a written complaint.

Name of Complainant _____

Contact Address _____

Contact Telephone Number _____

To help us refer this matter to the appropriate personnel please describe the nature of the appeal/complaint. (Write on the back of this form if necessary)

Do you have a suggestion as to how this matter might be resolved?

Signed by: _____ **Date** _____

Please return this form in an envelope marked confidential to The Business Manager, Combined Team Services, PO Box 6064, South Bunbury WA 6230

Office Use
Form Received (Date) _____

This document is not controlled once printed