



## CLIENT COMPLAINT / GRIEVANCE FORM 1

### YOUR DETAILS (please print)

Date	
Family Name	
Given Names	
Address	
Contact No.	
Your position at Sturt	

### COMPLAINT

1. Have you discussed your matter with a staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, when?
3. Who dealt with the matter?
4. What was the result?
5. Please give details of the complaint:
Customer's signature