

FEEDBACK AND COMPLAINTS FORM

Date:	
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Person making the complaint / providing feedback:	
Name:	
	<input type="checkbox"/> or anonymous
On behalf-of (if applicable):	

Contact Details		
Phone:		<input type="checkbox"/> Preferred
Email:		<input type="checkbox"/> Preferred

Nominating a contact person	
Does the person making a complaint wish to nominate a specific person within Meditech to deal with this complaint?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If 'Yes' above, who is the Meditech contact person?	

Complaint / Feedback Details	
<i>Please provide details including times, dates and names</i>	
Additional pages attached (X) <input type="checkbox"/>	

Outcome the person making the complaint is seeking	
Additional pages attached (X) <input type="checkbox"/>	

Please post to: Meditech Staffing
 Attn: Feedback and Complaints
 PO Box 1439
 Strathfield NSW 2135

Or email to: enquiries@meditechstaffing.com.au