

# Health & Community Services Workforce Council Inc.



## Customer Complaint/ Compliment Form

Date

Complaint Number :

### A Details of Complaint/ Compliment/ Suggestion

Are you making a : Complaint  Compliment  Suggestion

Please write your comments here.

Please fax to Workforce Council on 07 3234 0474

### B Personal Details

Title (Miss / Ms / Mrs / Mr / Dr / Other) \_\_\_\_\_

Last Name

Given Name(s)

Company

Position

Address

Suburb

P/C

Contact Number

B/H

A/H

Mobile

Fax

Email

**Your comments will be taken in confidence and you will be contacted shortly to acknowledge your feedback.**