

APPENDIX 2

Complaint/Comment/Suggestion Form

Name:	Date: ____/____/____
Address:	
Contact details: Phone: _____	Email: _____

I wish to make a complaint/comment/suggestion (please circle one) about the following: *please use another page if required:*

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When completed, this form should be given to the Service Manager or handed into Support Hub at 128 Wrights Rd, Addington, Christchurch 8024 or posted to Private Bag 4738, Christchurch 8140.

ACTION TAKEN

Office Use Only: (please use separate page if required and attach)

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Name & Signature: _____

Designation: _____ Date Received: ____/____/____

Date entered to Complaints Register: ____/____/____