

Complaint Lodgement Form

CUSTOMER DETAILS

Full Name:				
Organisation:				
Phone Numbers	Home:		Mobile:	
Address:				
	Suburb:		Post Code:	

COMPLAINT DETAILS

<input type="checkbox"/> Breathe Right <input type="checkbox"/> Zoggs <input type="checkbox"/> Ayrtons	<input type="checkbox"/> TAAV <input type="checkbox"/> Hot Water Bottle <input type="checkbox"/> Bodyplus	<input type="checkbox"/> Woods of Windsor <input type="checkbox"/> OTC Products <input type="checkbox"/> Lil Suckas	<input type="checkbox"/> Lee Stafford <input type="checkbox"/> Hawley <input type="checkbox"/> Floran
Product:			
Nature of Complaint:			
Staff Member Involved:			

TERMS & CONDITION

Please tick box and sign below to agree to Terms and Conditions
 I understand that by signing this form that the information supplied by myself is a true and correct representation of the events that have occurred that have prompted this complaint. I understand that the information I supply will be used by McGloins Pty Ltd to investigate and resolve the complaint. The information will be used in accordance with relevant legislation.

FOR OFFICE USE ONLY

Date complaint received by McGloins	/ /	Compliant Resolution Date	/ /
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Send completed Complaint Lodgement Form to:
 McGloins Pty Ltd PO Box 6847 Baulkham Hills BC NSW 2153 or Fax: 02 9836 1055