



<b>COMPLAINT FORM</b>		
<b>* PLEASE USE ONE FORM PER SERVICE</b>		
APPLICANT INFORMATION (ALL ITEMS REQUIRED)		
Contact/Account Name:		
Contact (if different from Account name):		
Best modes of Contact (Please specify and provide; E.g. Mobile, phone, email):		
Service address:		
City:	State:	Post Code:
Invoice Number/s (if applicable):		
Account Number:	Service ID:	Installation Date:
Urgent (please Circle): Yes or No		
COMPLAINT INFORMATION		
Date of incident (if applicable):		
Brief Summary: (Please attach on separate sheet if you have additional information)		
Desired Outcome: (Please attach on separate sheet if you have additional information)		
ADDITIONAL INFORMATION		
Department of complaint:		
Residential or Business (Please Circle)	TIO contacted? (Please Circle) Yes or No	
Do you have supporting documents attached (please circle): Yes or No. If yes, please provide list.		
ADDITIONAL CONTACTS ( PLEASE FILL OUT AUTHORISATION FORM FOR A THIRD PARTY TO REPRESENT AN ACCOUNT HOLDER ABOUT A COMPLAINT)		
Name	Phone	Email
Date of Application:	Initial of Applicant:	

