



INSTITUTION OF SAFETY MANAGEMENT PROFESSIONALS OF AUSTRALIA Complaint Form

By filing in this form, you will be lodging a formal complaint.

We thank you for taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint as soon as possible.

A reply will be forwarded to you within 7 days.

Name: _____

Contact Details: _____

Please detail your concern in full, giving as much detail as possible, include extra pages if necessary. Please include:

- A brief description of the complaint
- Whether you wish to formally present your case
- The steps you have taken to deal with the it
- What you would like to happen to fix the problem and prevent it from happening again.

Signature: _____ Date: / /

We will be in contact within 7 days, Thank You



OFFICE USE ONLY

Received by: _____ Complaints Number Issued: _____

Date: / /

Action Taken: _____



Date of response: / / Follow up date: / /

Specify improvement possible based on complaint: _____