

We strive to provide you with the highest level of service at all times. If this has not been the case, or if we have not handled something to your satisfaction, please detail your concerns below.

Customer details

Title (eg Mr, Mrs): Surname: Given Names:

Your address:

Suburb: Postcode:

Preferred contact number during business hours:

Email:

Nature of the complaint

Please tell us clearly where we failed to meet your expectations. (Add extra pages if necessary, and attach copies of relevant documents.)

Date of incident: / / Details:

Multiple horizontal lines for text entry.

Your expectation

Please indicate what you would like to see happen to resolve your complaint or improve our service in the future.

Multiple horizontal lines for text entry.

Signed: Date: / /

Thank you for your valuable feedback. Please return this completed form by fax: (08) 9194 2999, or by post to PO Box 2364, Broome, WA 6725. We will provide you with a written acknowledgement within 10 working days. In the meantime, should you have any further queries whilst your complaint is being processed, please do not hesitate to contact us on 1800 68 5545.

Staff Use

Cause of problem

Detail the cause of the problem

Date received:    /        /        Details:

Solution offered (or action suggested)

Detail the solution offered to the guest and their response, or the action suggested for improvements

Follow up required:

Detail the actions required for follow up, including communication to the complainant

Action required to rectify a service or performance fault

Document the change in procedures required to rectify this issue or to prevent a future occurrence

Staff signature:    Date:    /        /

This form is to be kept on file at reception for future reference, along with a copy of any correspondence.