

COMPLAINT LODGEMENT FORM

TIG Use only					
Business Division:	Site Location:	State/Country:			
Date Complaint received: / /	Complaint Number:				
Complaint received by:	INCR Number [if applicable]:				
COMPLAINANT CONTACT DETAILS					
Full Name					
Organisation					
Contact Numbers	Business		Mobile		
Email Address					
Mailing Address					
City				State:	
Country				Postcode:	
COMPLAINT DETAILS					
Nature of Complaint					
TIG Employee/s involved					
Complainants Signature (if applicable)			Date:	/	/
TIG Use only					
Complaint referred to: (Relevant Business Unit)			Date referred	/	/
Resolution Type					
Complaint resolution date: / /	Complainant Advised By:	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail	Date Advised	/	/
Is Complaint Closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Further action required:			
Signature of Complaint Management Officer			Date:	/	/

This form can be e-mailed to: feedback@transpac.com.au
 Mail: Transpacific Industries Group, PO Box 1824, MILTON QLD 4064