Weeroona Association Inc	**Complaint**	**FORM WF 1.009**

OFFICE USE ONLY	**Number:** _____

Name (optional):	**Date:**
Form completed by (optional):	
Contact Details: (optional) **Phone** (optional):	
Subject of Complaint:	
Detail of Complaint:	
Signature (optional):	
Copy provided to Complainent: **Yes** ☐ **No** ☐	

This form can be addressed to Manager or President marked 'Complaint In Confidence':
Delivered: Weeroona Association Inc, 16 Red Hill Road, Gympie Q 4570
Mailed: Weeroona Association Inc, PO Box 172, Gympie Q 4570
Emailed: Matt@weeroona.org.au - Manager

Left at the reception addressed to Manager or President marked 'Complaint In Confidence':

ALL COMPLAINTS WILL BE TREATED CONFIDENTIALLY &
WE WILL CONTACT YOU WITHIN 14 DAYS