



1 CUSTOMER DETAILS

Surname

Name

Street name, House / Unit number

Post Code

Suburb

Email

Phone

2 DETAILS OF OTHER PERSON INVOLVED IN THIS COMPLAINT (IF APPLICABLE)

Surname

Name

Street name, House / Unit number

Post Code

Suburb

Email

Phone

3 PERSON INVESTIGATING COMPLAINT:

Surname

Name

Email

Phone



4 NATURE AND DETAILS OF COMPLAINT:

5 ACTION TAKEN BY PERSON INVESTIGATING COMPLAINT:

6 RESULTS OF INVESTIGATION:

7 DECLARATION

I understand that the DIM Foundation may need to share the information I have provided so they can look into my concern. I have indicated any documents or information that I do not want the DIM Foundation to share. I understand that the DIM Foundation will electronically store the information relating to my concern including the documents I have provided and keep the electronic records for as long as it deems appropriate.

I agree.

Signature

Date



FOR OFFICE USE ONLY:

Complaint received by

- In Person
- By telephone
- By Email (Attached)

Signature of Receiver

Date received
