

Appendix 1: Complaints Notification

To facilitate your reporting, Anova Advice Group has prepared the Complaint Notification Form below. Please complete all fields where possible.

Date form completed:		Date Received by AAG (Office use only)	
Details of Person Completing Form if not client:	Name:		
	Postal Address:		
	Phone Number:		
	Email:		

Relevant Party Details:

Authorised Representative Name:	
Authorised Representative Contact Details:	Postal Address:
	Phone Number:
	Email:

Client Name:	
Client Contact Details:	Postal Address:
	Phone Number:
	Email:

The Complaint:

Description of Complaint: Include details of products, loss, desired outcomes	
Complaint Prioritisation: Indicate any of these situations that apply to the client	<input type="checkbox"/> Domestic abuse <input type="checkbox"/> Serious or terminal illness <input type="checkbox"/> Delays will impact basic living conditions

Attached any supporting material and send form to info@anovaadvicegroup.com.au