



# Careaway

ABN: 40 083 654 326

PO Box 947

Mittagong NSW 2575

Website: [www.careaway.com.au](http://www.careaway.com.au)

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Coach Accreditation: 22331

NDIS: 4050002623

Tel: 02 4872 2224

Fax: 02 4872 1831

Hannah: 0404 295 655

## 1. Your Details

Your Name : \_\_\_\_\_

Your Address: \_\_\_\_\_

Home : \_\_\_\_\_ Mobile : \_\_\_\_\_ Work : \_\_\_\_\_

Email : \_\_\_\_\_

Your preferred method of contact : Mail  Email  Telephone – Home  Mobile  Work

## 2. Details of your Complaint

Products or Services

Contact Centre

Website

Misleading Conduct

Documentation

Deposit / Pre-Payment / Cancellation

Refunds

Itinerary

Other please specify \_\_\_\_\_

Summary of Complaint  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Other Details

Name of the person you have been dealing with about your service (if known) \_\_\_\_\_

Have you spoken to any of our staff about your complaint  No  Yes

If yes please provide details \_\_\_\_\_  
\_\_\_\_\_

4. Remedy requested  No, I do not require return contact, this is for feedback purposes only

Yes \_\_\_\_\_

## 5. Signature and Date

Signature \_\_\_\_\_ Date \_\_\_\_\_

List of enclosed documents (if any) \_\_\_\_\_