Listers Health
Women's gym & wellbeing centre

Complaint Form

Member Details

Title

Surname

First Name

Address

Postcode

Home Tel.

Mobile Tel.

Email Address

Brief Summary of the Complaint:

Signature:

Date: / /

For internal use only:

Complaint Recieved By: Date:

Acknowledgement sent to Member within 48hrs: Yes No

Informed Member of initial action: Yes No

Final response provided to Client within 4 weeks: Yes No

List of further actions taken in response to complaint:

Signature of staff responding to complaint:

Date: / /