



NAHC



Feedback, complaints and appeals form



A. Personal details

Your name:

Name of advocate (if applicable)

Your address

Your phone number(s)

Your email address

Postcode

Complaint made:

If you made your complaint by telephone or in person please record the details below.

in person

by telephone

by email (attach a copy)

by post (attach a copy)

B. Nature of the dispute or complaint

Please tell us what happened, when and where it happened and who was involved. Give as much information as possible and enclose copies of any relevant documents. You can use a separate sheet of paper if necessary.

Milton Office

Suite 1D, Lvl 1, K1 - Kings Row Office Pk,
52 McDougall Street, Milton QLD 4064
PO Box 1690, Milton QLD 4064
P. 07 319 2500

South Brisbane Office

Shop 12, 48 Browns Plains Rd,
Browns Plains QLD 4118
P. 07 3128 2080

North Brisbane Office

Suite 6, 1st Floor, Mango Hill Marketplace,
1-21 Halpine Dr Mango Hill QLD 4509
P. 07 3106 5680

Townsville Office

7/40 Thuringowa Dr,
Kirwan QLD 4817
P. 07 3106 5740

Melbourne Office

2/228 Shuter St.
Moonee Ponds VIC 3039
P. 0457 912 396



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B. Have you raised an issue with us before?

Yes

No

If Yes, please tell us who you spoke to, what you were told and why you are still dissatisfied.

D. What would you like to see happen as a result of you raising this issue?

Signature

Date

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