



# Careaway

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Coach Accreditation: 22331  
NDIS: 4050002623  
Tel: 02 4872 2224  
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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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Products or Services | <input type="checkbox"/> Contact Centre | <input type="checkbox"/> Website                              |
| <input type="checkbox"/> Misleading Conduct   | <input type="checkbox"/> Documentation  | <input type="checkbox"/> Deposit / Pre-Payment / Cancellation |
| <input type="checkbox"/> Refunds              | <input type="checkbox"/> Itinerary      |   |
| <input type="checkbox"/> Other please specify | _____                                   |   |

Summary of Complaint

\_\_\_\_\_  
\_\_\_\_\_

## 3. Other Details

Name of the person you have been dealing with about your travel 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) \_\_\_\_\_