

COMPLAINT FORM

Please use a pen and write clearly using BLOCK LETTERS and tick (✓) where required. If you need help in completing this form please contact our office between 9.00am and 5.00pm Monday to Friday (excluding public holidays) or visit our office.

COMPLAINT MADE BY: (Your details)

Preferred Title: Miss Mr Ms Mrs Other

Family Name:

Given Name(s):

Address:

..... Postcode:

Telephone (home): Telephone (work):

Mobile: Fax:

Email:

WHO IS THE COMPLAINT AGAINST: (Trader details)

Name of business:

Contact person:

Contact person's position:

Business address:

..... Postcode:

Phone Number: Fax Number:

Email:

Hairdresser's name:

Cost of the service: Date of the service:

What does the complaint relate to? (you may tick more than one box)

- | | | | | |
|---|--|---------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Bleaching | <input type="checkbox"/> Perm | <input type="checkbox"/> Damaged Hair | <input type="checkbox"/> Colour | <input type="checkbox"/> Service |
| <input type="checkbox"/> Cut | <input type="checkbox"/> Extensions | <input type="checkbox"/> Product | <input type="checkbox"/> Foils | <input type="checkbox"/> Blow Dry |
| <input type="checkbox"/> Medical (scalp burns) | <input type="checkbox"/> Straightening Process | | | |
| <input type="checkbox"/> Other (please specify) | | | | |

PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS

Details of your attempt to resolve the dispute:

Who did you speak or write to?

What did they offer to do for you?

Date(s) of approach(es):

Have you referred your complaint to any other organisation? Yes No

If YES, which organisation?

Who did you speak with?



Level 1,
46 Salvado Road,
WEMBLEY
WA 6014

PO Box 463,
WEMBLEY
WA 6913

P: (08) 9381 9966
F: (08) 9388 0820

E: admin@hrb.org.au
W: www.hrb.org.au

COMPLAINT DETAILS

Please state clearly all relevant details of your complaint in the space below, and attach copies of all relevant documents. Please ensure that you retain the originals of all documents forwarded to us.

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.....
.....

What do you think would be a fair settlement of your dispute?

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.....

The Hairdressers Registration Board will endeavour to obtain the maximum redress to which you are entitled. However, if we are unable to achieve this, what is the minimum outcome you would accept?

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.....
.....

DOCUMENTATION ATTACHED

Medical certificate Independent report Photo Other (please specify)

DECLARATION

I have approached the Trader to try and resolve this matter.

I understand that an investigation is subject to the approval of the Hairdressers Registration Board. I declare that the information supplied by me is, to the best of my knowledge, true and correct. I understand that my name and the information I have provided may, if requested, be revealed in correspondence or investigations to the other parties concerning my complaint.

Signature: Date:

Printed name:

what happens next?

Within 4 working days of us receiving this form you will receive acknowledgement of your complaint, which will give you a reference number to quote when contacting us as well as a contact person's name and telephone number.

Conciliation can be resolved in a matter of days, or may take a few weeks. The length of time it takes to reach an outcome depends on the complexity of the issue, the willingness of the trader to cooperate or other issues. We will attempt to resolve your issue as quickly as possible.

If conciliation fails, or doesn't satisfy your demands you can choose to take the matter to a Court, or Tribunal. Taking your matter to court is not automatically expensive or time-consuming.

We would appreciate your feedback on any aspect of our service to you. You may contact or write to the Hairdressers Registration Board on 9381 9966 or email liaison@hrb.org.au.

Please check that you have attached any relevant documents before posting.



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