



Complaints Form

Personal Information	
Title <small>Mr/Mrs/Ms/Miss/Dr/Other (please specify)</small>	<i>Ms</i>
First Name	<i>Margaret</i>
Surname	<i>Bell</i>
House / Unit No & Street	<i>123 Any Street</i>
Suburb / Town	<i>Cairns</i>
State	<i>QLD</i>
Postcode	<i>4870</i>
Area Code & Phone Number	Work <i>0X XXXX XXXX</i> Home <i>0X XXXX XXXX</i> Mobile <i>0X XXXX XXXX</i>
Fax Number	<i>N/A</i>

Your Complaint	
Centre	<i>Cairns</i>
Location	<i>Bounce Fitness Centret</i>
Program Title / Instructor / Product	<i>Step - Advanced</i>
Date & Time of Action for Complaint	<i>11th March 2008</i>
Complaint Issue	<i>Margaret felt that the class was too intensive even for an advanced class. She felt that given her experience in other Centres around capital cities in Australia, that this class pushed participants too hard, could cause damage and loss of confidence. She wanted her money back.</i>

Complaint Summary <small>(Office Use Only)</small>
<i>As above</i>

Margaret Bell

Please sign here

11th March 2008

Date

This form may be posted or faxed to Bounce Fitness Centre, PO Box XXXXX, Cairns Qld 4870.

Privacy Note: The information in your complaint, including your name and address, will be disclosed to relevant staff concerned during the course of investigating your complaint.

If you do not include your name and address details Bounce Fitness will not be able to respond to your complaint.