



Experiential Travel
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VIC 3149 Australia
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neville@experiential.travel

COMPLAINT FORM

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"/> Visa / Passport | <input type="checkbox"/> Refunds | <input type="checkbox"/> Ticket / Itinerary / Transfers |
| <input type="checkbox"/> Pricing | <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) _____