



# INCIDENT/ COMPLAINT FORM

## REFUND POINT DETAILS

Refund Point Name:

Contact at Refund  
Point:

Contact details:

## INCIDENT DETAILS

Name of WARRRL  
Contract Manager:

Date of incident/  
issue:

Time of incident/  
issue (if applicable):

Did this incident:

Affect anyone's safety?

Relate to an environmental, equipment or property damage, fraud, or quality issue?

**If you have ticked "yes" to one of the above, please lodge the incident in WARRRL's incident reporting system.**

## CUSTOMER DETAILS

Name of customer:

Customer member  
number (scheme ID):

Details of incident/  
issue:

Has there been any previous incidents with the customer?

If you ticked yes, please  
provide detail:

If you ticked yes, what  
action was taken?

What actions would the  
customer like to be taken  
in relation to the incident?

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Name:

Signature:

Date: