

Complaints and Feedback Form – Written

Service Delivery



Please complete details below:

Date of this report:	
Your details:	Full name:
	Contact address:
	Contact phone number:
	Email:
Date of the matter:	
Details of the complaint or feedback you would like to give us:	<i>Please provide as much detail as possible about the complaint or incident, including what happened, when it happened, and who was involved. Please attach any relevant supporting documentation.</i>
If this is a complaint, have you taken any steps to try to resolve the matter before now?	<i>Please detail any steps or actions taken to this point.</i>

What is the outcome you would like to see?	
Is there any feedback you would like to give us?	
How would you like to be contacted? <i>(Please tick)</i>	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email: <input type="checkbox"/> In person:
Have you been provided with a copy of our Complaints Information Sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	
Date:	

Optional information (if somebody such as a support person or advocate has been assisting you with this form, details can be provided here)	
Support / advocate name:	Phone:
Support / advocate signature:	Date:

Office use only	
Date: ____ / ____ / ____	Received by: _____
Complaint / feedback received via (e.g. email): _____	
Reference number: _____	
Date sent to Managing Director or Operations Manager: ____ / ____ / ____	