

COMPLAINT & FEEDBACK FORM



Details of the person making the complaint/providing feedback

Full name:

Address:

Phone:

Email:

Preferred contact method:

Complete this section if you had assistance completing this form

Full name of person assisting:

Relationship to person making the complaint/providing feedback

Does the person know that you are providing this information?

Does the person consent to the information being provided?

Who is the person/service that you are providing feedback for?

Name of person:

Contact details (if known):

What is the complaint/feedback about?

Provide some details to help us understand the situation. You should include what happened, where it happened, time it happened and who was involved.

What outcomes are you seeking as a result of the complaint/feedback?

OFFICE USE ONLY

Complaint/feedback received by:

Date received:

Action taken/required:

Added to the feedback register:

Signature of staff member:

Date complaint/feedback closed: