

Complaints/Feedback Form

FORM ID: FRM010 Version: 2 Approved: 01/01/2020

Today's Date:

Fill in the details of the person who is making the complaint/ providing feedback.	
Name of Person	
Address	
Phone	
Email	
My preferred contact method is	

If you are making the complaint/feedback on behalf of another person provide the following details.	
Your Name:	
Your Contact Number:	
Your email address:	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person consent to the complaint/feedback being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who is the person, department or the service whom you are complaining or providing feedback about?	
Name/Service/Department	
Contact Details (if known)	

Complaints/Feedback Form

What is your Complaint/Feedback about?

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

Supporting Information

Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references or emails).

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

What do I do now?

- 1. Save this form to your computer**
- 2. Then please email this form to complaints.feedback@cootharinga.org.au**