|  |
| --- |
| **Fill in the details of the person who is making the complaint/ providing feedback.****Complaints / Feedback Form** |
| **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:** |  |
| **What is your relationship to the person?** |  |
| **Does the person know you are making this complaint/providing feedback?** |  |
| **Does the person consent to the complaint/feedback being made?**  |  |

|  |
| --- |
| **Who is the person, or the service about whom you are complaining or providing feedback about?** |
| **Name** |  |
| **Contact Details (if known)** |  |

|  |
| --- |
| **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, emails).* |

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

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| **Complaint received by** |  |
| **Date received** |  |
| **Action taken or required** |  |
| **Date action completed** |  |
| **Signature** |  |