

## Feedback and Complaint Management

Feedback and Complaint Form	
<b>Name:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	
<b>Preferred contact method:</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
<b>If you are providing feedback or making a complaint on behalf of another person, please provide details below:</b>	
<b>Name of the person you are representing:</b>	
<b>Relationship to this person:</b>	
<b>Does the person know you are making this complaint/providing feedback?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the person consent to the complaint/feedback being made?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Who is the person, or the service about whom you are providing feedback or making a complaint about?</b>	
<b>Name:</b>	
<b>Contact details:</b> (if known)	
<b>What is your Complaint/Feedback about?</b> (Please provide details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.)	
<b>Supporting Information</b> Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).	

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<b>What outcomes are you seeking because of the complaint/feedback?</b>	
<b>Signature:</b>	
<b>Date:</b>	

Office Use Only	
<b>Complaint received by:</b>	
<b>Date received:</b>	
<b>Date entered on register:</b>	
<b>Action taken or required:</b>	          
<b>Date action completed:</b>	
<b>Was the complaint resolved:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Follow up actions required:</b>	          
<b>Signature:</b>	