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| Anonymous Complaints & Feedback Form |

**Instructions:**

1. Complete this form
2. Forward with information to our Complaint Manager via stamp self-addressed envelope provided at your intake. If you do not have this envelope, then please feel free to contact us by:

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| Website |  |
| Postal Address  | 24 Coal Court, Beard, ACT, 2620 |

1. **Please do not** put your name through our website or on the envelope.

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| Who is the person, or what is the service, about whom you are complaining or providing feedback about |
| Name or Service |  |
| Does the person know you are making this complaint/providing feedback? | ❒ Yes | ❒ No |



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| What is your Complaint/Feedback about?Would you please provide some details to help us understand your concerns? You should include what happened, where it happened, the time it happened and who was involved**.** |
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| **Supporting Information***Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?* |

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| What outcomes are you seeking because of the complaint/feedback? |
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**OFFICE USE ONLY**

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| **Date received** |  |
| **Action taken or required** |  |
| **Date action completed** |  |
| **Signature** |  |