|  |
| --- |
| Anonymous Complaints & Feedback Form  |

**Instructions:**

1. Complete this form.
2. Remember do not include your name if you prefer to remain anonymous.
3. Forward with any relevant information to Steven Quinn - Director using the following contact details:
4. Complaints and feedback are encouraged and looked at as opportunities to improve in all areas of the organisation.

|  |  |
| --- | --- |
| **Organisation Name:** | Sincerity Support Services (VIC) PTY LTD |
| **Email Address:** | admin@sinceritysupportservices.com.au |
| **Postal Address**  | PO Box 39, South Morang, Vic 3752 |

|  |
| --- |
| Who is the person, or what is the service, about whom you are complaining or providing feedback about? |
| Name or Person or Service: |  |
| Does the person *(if applicable)* know you are making this complaint/providing feedback? | [ ]  **Yes** | [ ]  **No** |



|  |
| --- |
| **What is your Complaint/Feedback about?****Please provide relevant details to help us understand your concerns.** **Include what happened, where it happened, the 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 because of the complaint/feedback?** |
|  |

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| **Date complaint received:** |  |
| **Action taken or required:** |  |
| **Date action completed:** |  |
| **Name of organisation Representative:**  |  |
| **Role/Position title:** |  |
| **Signature:** |  |