|  |  |
| --- | --- |
| Fill in the details of the person who is making the complaint/providing feedback. | |
| Name of Person |  |
| Address |  |
| Phone |  |
| Email |  |
| Preferred contact method |  |
| Yes/No | **I am making this complaint anonymously**  1.Please note that if you are making your complaint anonymously we may be unable to respond to your  complaint and inform you about our actions.  2. Leave the personal information sections in blank if complaint anonymously |

|  |  |
| --- | --- |
| 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? |  |
| Preferred contact method |  |

|  |  |
| --- | --- |
| 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). |

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

**Please email form to:** [**ryant@zingsupportservices.com.au**](mailto:ryant@zingsupportservices.com.au) **or post to PO BOX 1110, Yeppoon, QLD 4703**

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| OFFICE USE ONLY | |
| **Complaint Received By** |  |
| **Date Received** |  |
| **Action Taken or Required** |  |
| **Date Action Completed** |  |
| **Signature** |  |