



## Client Complaint Form

**Please return this form to:**

Great Lakes Womens Shelter  
Attn: Natalie Mulhall (Confidential)  
PO Box 484  
Tuncurry NSW 2428

### Client Details

First name:  Surname:

Contact number:

Email (if applicable):

### Details of other person involved in this complaint

First name:  Surname:

Position at Shelter:

### Details of incident

Date:  Time:

Location:

Details of what occurred (please continue overleaf if necessary):

Desired Client outcome:

Was Client desired outcome achieved? Y/N

If no, why not?

### Staff use only:

Complaint received by:

Date complaint received:

Action taken or required:

Date action completed:

Signature: