

Complaints / Feedback Form

Instructions:

1. Please complete this form if you wish to make a complaint or give us feedback
2. Send this completed form to our Complaints Manager via email, website or post

Complaints manager contact details:

| | |
|----------------|-----------------------------------|
| Email | rashad@personfirstalliance.com.au |
| Phone | 0492 056 259 |
| Postal Address | PO Box 18 Fairfield NSW 1860 |

3. The Complaint Manager will contact you upon receipt of this form.

Note: If you wish to remain anonymous, you can complete a different form, the Anonymous Complaints and Feedback form that you received at intake, and mail it to the postal address above. You can also complete the Anonymous Complaints and Feedback form online via the weblink: <https://forms.office.com/r/QjNTXaCpr9>

Fill in the details of the person who is making the complaint/ providing feedback.

| | |
|---------------------------------------|--|
| Name of Person | |
| Address | |
| Phone | |
| Email | |
| My preferred contact method is | |

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? | |

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|--|--|
| Does the person consent to the complaint/feedback being made? | |
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| Who is the person, or the service about whom you are complaining or providing feedback about? | |
| Name | |
| Contact Details (if known) | |

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| <p>What is your Complaint/Feedback about? If you are making a complaint, please provide some details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.</p> |
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| <p><i>Supporting Information</i> Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).</p> |
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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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|--|--|
| Complaint received by | |
| Date received | |
| Action taken or required (Include Continuous Improvement, if relevant) | |

| | |
|------------------------------|--|
| | |
| Date action completed | |
| Signature | |