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| --- | --- |
| **Fill in the details of the person who is making the complaint/providing feedback** | |
| Name of Person |  |
| Address |  |
| Phone |  |
| Email |  |
| Preferred contact method |  |
| **I am making this complaint anonymously** | Yes / No  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. If Yes, this complaint is being done anonymously, please leave the personal information sections blank |
| **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) |  |

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| What is your Complaint/Feedback about?  Provide as much detail as possible to help us understand your concerns.  Please 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). |
| **What outcomes are you seeking as a result of the complaint / feedback?** |
|  |

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