Complaints / Feedback Form

The Complaints Manager	
admin@guidepost.com.au	
or	
PO Box 605, Duncraig, 6023	
The Complaint Manager will contact you upon	receipt of this form.
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Fill in the details of the person who is making the	le complaint/ providing feedback.
Name of Person	
Address	
Phone	
Email	
My preferred contact method is	
If you are making the complaint/feedback on be	ehalf 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?	
Who is the person or the service about whom y	vou are complaining or providing feedback about?
	ou are complaining or programs recuback about:
Name	
Contact Details (if known)	

Please complete this form and send it to us:



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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).	
What outcomes are you seeking because of the complaint/feedback?	



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OFFICE USE ONLY

Complaint received by	
Date received	
Action taken or required (Include Continuous Improvement, if relevant)	
Date action completed	
Signature	