## Anonymous Complaints & Feedback Form

## *Instructions:*

- 1. Complete this form.
- 2. Forward with information to our Complaints Manager via stamp self-addressed envelope provided at your intake. If you do not have this envelope, then please feel free to contact us by:

|   | Website: Postal Address:   |  |  |
|---|--|--|--|
| Q Place   |  |  |  |
|   | se do not put your name through our website or on the envelope.  |  |  |
| Who is the person, or what is the service, about whom you are complaining or providing feedback about?  |  |  |  |
| Name or Service:  |  |  |  |
|   | ne person know you are g this complaint/providing uck?   |  |  |
| What is your Complaint/Feedback about?<br>Please provide relevant detail to help us understand your concerns.<br>Include what happened, where it happened, the time it happened and who was involved. |  |  |  |
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|   |  |  |  |
|   | Supporting Information Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails) |  |  |
| What or   | outcomes are you seeking because of the complaint/feedback?  |  |  |
|   |  |  |  |
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## Office use only

| Date received:            |  |
|---------------------------|--|
| Action taken or required: |  |
| Date action completed:    |  |
| Signature:                |  |