



SERVICE USER COMPLAINT FORM

(To be given to service user, sent out or staff to complete with service user)

Date of Complaint:

If there is insufficient space for the details of the complaint please attach extra sheets.

Name of Person making Complaint:

Address:

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Phone Number:

Details of Complaint:

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CONTACT INFORMATION:

(If different from name of person making complaint)

You are a/an:

- Service User
- Carer/Representative
- Advocate

Name:

Address:

.....

Phone Number:

Relationship to Complainant:

Complaint Against

- Staff
- Aged Care Service
- Child Care Service
- Youth Service
- Community Strengthening
- Facility
- Program.....
- Other.....

Complaint Made Via

- Telephone
- Letter (attached)
- In person
- Website
- Other

Complaint Received By: