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| Anonymous Complaints and Feedback Form |

**Instructions:**

1. Complete this form
2. Forward with information to our Complaint 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:

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| Website  | [www.compassionsa.com.au](http://www.compassionsa.com.au)  |
| Postal Address  | 191 Fullarton Road Dulwich SA 5065  |

1. **Please do not** put your name through our website or on the envelope.

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| Who is the person, or what is the service, about whom you are complaining or providing feedback about |
| Name or Service |  |
| Does the person know you are making this complaint/providing feedback? | ❒ Yes | ❒ No |



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| **What is your Complaint/Feedback about?****Would you please provide some details to help us understand your concerns?** **You should include what happened, where it happened, the time it happened and who was involved.** |
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| **Supporting Information*****Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?*** |

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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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| **Date received** |  |
| **Action taken or required** |  |
| **Date action completed** |  |
| **Signature** |  |