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| Anonymous Complaints & Feedback Form |

**Instructions:**

1. Complete this form.
2. Remember do not include your name if you prefer to remain anonymous.
3. Forward with any relevant information to our Directors using the following contact details:

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| **Organisation Name:** | HopeLink Support Pty Ltd |
| **Email Address:** | Complaints@Hopelinksupport.com  |
| **Postal Address**  | 40 Chams Street, Marsden QLD 4132 |

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| Who is the person, or what is the service, about whom you are complaining or providing feedback about? |
| Name or Person or Service: |  |
| Does the person *(if applicable)* know you are making this complaint/providing feedback? | [ ]  **Yes** | [ ]  **No** |



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| **What is your Complaint/Feedback about?****Please provide relevant details to help us understand your concerns.** **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)* |

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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 complaint received:** |  |
| **Action taken or required:** |  |
| **Date action completed:** |  |
| **Name of organisation Representative:**  |  |
| **Role/Position title:** |  |
| **Signature:** |  |