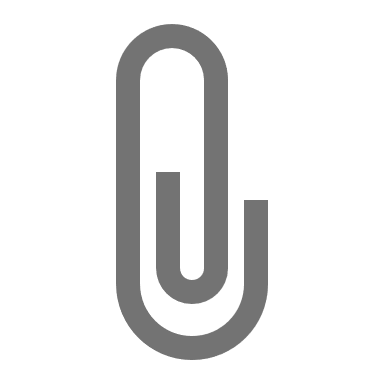
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| Anonymous Complaints & Feedback Form |

**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:

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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.** |
|  |
| **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?** |
|  |

**OFFICE USE ONLY**

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