

# Service Complaint Form



**Please complete this form in pen.** If you do not understand any part of this form, or if you need assistance to put your complaint in writing, please call one of our staff on (08) 92276177.

## PERSON MAKING THE COMPLAINT

Mr/Ms (other) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (business hours) \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**I am the person who received the service, or**  
If you are **not** the person who received the service, **I am**

- A parent or guardian of a person under 18 years of age who received the service
- A person with legal authority to act on the person's behalf (attach documentary evidence)
- A person appointed to make the complaint by the person who received the service

### My complaint is about:

- Clinic services
- Counselling services
- Education services
- Administration
- PIP Service
- Other \_\_\_\_\_

## DETAILS OF THE PERSON OR UNIT THE COMPLAINT IS ABOUT

Unit Name: \_\_\_\_\_

Name of Person \_\_\_\_\_



