

Complaints Form

Assistance:

You can get help to complete this form by a family member, carer, guardian, advocate, friend or our Complaints Handling Officer, Megan Robinson.

Please tick the relevant box below:

Concern / Feedback Complaint

Your Details (person lodging the concern and/or complaint)

Full Name (legal name): <input type="text"/>	
Address: <input type="text"/>	Post Code: <input type="text"/>
Contact Details	Home Phone: <input type="text"/>
	Mobile Phone: <input type="text"/>
	Email Address: <input type="text"/>
Do you identify as Aboriginal or Torres Strait Islander?	Are you from a culturally and linguistically diverse background?
<input type="radio"/> Yes	<input type="radio"/> Yes (specify the background) <input type="text"/>
<input type="radio"/> No	<input type="radio"/> No
<input type="radio"/> Unsure	<input type="radio"/> Unsure

Client details if different to above

Full Name (legal name): <input type="text"/>	
Address: <input type="text"/>	Post Code: <input type="text"/>
Contact Details	Home Phone: <input type="text"/>
	Mobile Phone: <input type="text"/>
	Email Address: <input type="text"/>

What steps have you taken to resolve the matter?

What outcomes are you seeking?

Signed by person lodging the complaint: _____

Date: _____

How to Lodge this Form:

In person:

At the reception:
My Supports
3 Marion Street
Midland 6056

By Email:

megan.robinson@mysupports.com.au

By Mail:

Confidential
Megan Robinson
Complaints Handling Officer
3 Marion Street
Midland 6056

