

Complaint Form



Part A – About You

Fill in this box if you are making a complaint

Name of Person: [Click here to enter text.](#)

Name of nominee if applicable:

Address:

Phone:

Email:

Date complaint lodged:

Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative.

Name of Representative: [Click here to enter text.](#)

Organisation: [Click here to enter text.](#)

Postal Address: [Click here to enter text.](#)

Contact Number (Business): [Click here to enter text.](#)

Contact Number (Mobile): [Click here to enter text.](#)

Email: [Click here to enter text.](#)

My preferred contact is: [Choose an item.](#)

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Assist Community Services

20/184 Vickers Road North Condon Qld 4815
Tel: 0448 885 165 | Email: admin@assistcommunity.com.au
www.assistcommunity.com.au
SD_WP_2007_Complaint Form_v1

Part B – Your Complaint

What is your complaint about?

Provide some details to help us understand your concerns. You can include what happened, time and date, where it happened and who was involved.

Click here to enter text.

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Part C – Who Is Your Complaint About?

Who or what does your complaint relate to?

Name / Organisation:

[Click here to enter text.](#)

What is this person's / organisation's relationship to you?

[Click here to enter text.](#)

What outcome are you seeking?

[Click here to enter text.](#)

Supporting information such as witness names, photos, and correspondence or emails etc.

[Click here to enter text.](#)



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