

Purpose: This form is to be completed when there is a complaint or feedback about any aspect of Lifeskills Plus service delivery

Procedures: Complainant to complete this form. Staff to provide assistance if required.



Lifeskills Plus – COMPLAINTS/FEEDBACK FORM

Personal Details:

First Name: _____ Middle Name: _____ Surname: _____

DOB: _____ Age: _____ Female Male

Phone: (h) _____ (m) _____

Street Address: _____

Suburb: _____ State: _____ Post code: _____

Date and time of complaint/feedback: _____ Type of complaint (circle); Category 1 Category 2

Location of occurrence: _____

Details of person/s or parties involved: _____

Details of complaint/feedback (Dates, Persons, Facts/Incident): _____

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DECLARATION:

I declare that to the best of my knowledge the information provided in the statement above is true and correct. The complaint written in this form is fully accountable and there is no part of the story being deliberately altered, hidden, omitted or added to create biasness and or benefit/ harm any party. The complaint made is based on objective judgement and no personal sentiment involved against any party. I acknowledge that I am filling this complain form of my own free will without demand/ force from any party. I agree to provide additional information/ documentation if requested. I have read and understood Customer Complaint and Feedback Procedure before I submit this complain form

Signature:		Print Name:	Date:
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