

**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

CF. 1.b

### 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 complaint form

Signature:		Print Name:	Date:
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**Office Use Only:**

Outcome: \_\_\_\_\_

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**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_