Feedback and Complaints Form

Connecting You Support Coordination

ABN: 83 688 389 282

Please use this form to provide feedback, suggestions, compliments, or complaints about our services. We value your input and will use it to improve the quality of our supports.

1. Your Details (optional)

Name: _____

Phone: _____

Email: _____

Address: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Post

2. Type of Feedback

☐ Compliment

☐ Suggestion

☐ Complaint

3. Details of Your Feedback/Complaint

Please provide details:

4. Desired Outcome

What would you like to happen as a result of your feedback or complaint?

5. Assistance to Provide Feedback

Do you require help to provide your feedback or complaint?

☐ Yes ☐ No

If yes, please specify: _____

6. Signature

Signature: _____ Date: ___/___/____

For Office Use Only

Date Received: _____

Received By: _____

Action Taken: _____

Date Closed: _____