|  |
| --- |
| Anonymous Complaints & Feedback Form |

**Instructions:**

1. Complete this form
2. Forward with information to our Complaint Manager via stamp self-addressed envelope provided at your intake. If you do not have this envelope, then please feel free to contact us by:

|  |  |
| --- | --- |
| Website |  |
| Postal Address  |  |

1. **Please do not** put your name through our website or on the envelope.

|  |
| --- |
| Who is the person, or what is the service, about whom you are complaining or providing feedback about |
| Name or Service |  |
| Does the person know you are making this complaint/providing feedback? | ❒ Yes | ❒ No |



|  |
| --- |
| What is your Complaint/Feedback about?Would you please provide some details to help us understand your concerns? You should include what happened, where it happened, the time it happened and who was involved**.** |
|  |
| **Supporting Information***Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?* |

|  |
| --- |
| What outcomes are you seeking because of the complaint/feedback? |
|  |

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| **Date received** |  |
| **Action taken or required** |  |
| **Date action completed** |  |
| **Signature** |  |