|  |
| --- |
| Complaints / Feedback Form |

**Instructions:**

1. Complete this form
2. Forward with information to our Complaints Manager via email, website or post

|  |  |
| --- | --- |
| Email | info@southerncare.net.au |
| Website | www.southerncare.net.au |
| Postal Address | PO Box 488, 1 Newell Street, HARVEY, WA 6220 | 26 Forrest St, PINJARRA, WA 6208  Email this form to:  [info@southerncare.net.au](mailto:info@southerncare.net.au)  Phone call to Complaints Manager:  08 9513 0966  Annual survey submitted to both staff and participants |
| Anonymously Submit | Attention to Complaints Manager  and post to  PO BOX 488, Harvey WA 6220  Anonymously submit on website at [www.southerncare.net.au](http://www.southerncare.net.au)    Or scan QR code  A qr code with black squares  Description automatically generated |

1. The Complaint Manager will contact you upon receipt of this form.

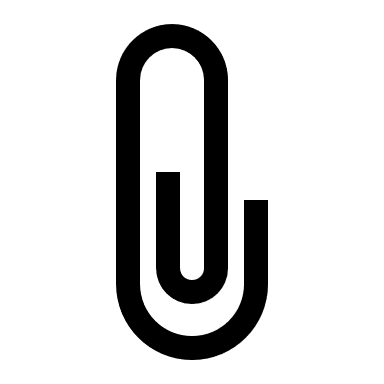
Note: You can send in the Anonymous Complaints and Feedback form at [www.southerncare.net.au](http://www.southerncare.net.au) or scan QR code

|  |  |
| --- | --- |
| **Fill in the details of the person who is making the complaint/ providing feedback.** | |
| **Name of Person** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **My preferred contact method is** |  |

|  |  |
| --- | --- |
| **If you are making the complaint/feedback on behalf of another person provide the following details.** | |
| **Your Name:** |  |
| **What is your relationship to the person?** |  |
| **Does the person know you are making this complaint/providing feedback?** |  |
| **Does the person consent to the complaint/feedback being made?** |  |

|  |  |
| --- | --- |
| **Who is the person, or the service about whom you are complaining or providing feedback about?** | |
| **Name** |  |
| **Contact Details (if known)** |  |

|  |
| --- |
| **What is your Complaint/Feedback about?**  **Provide some details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.** |
|  |
| *Supporting Information*  *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**

|  |  |
| --- | --- |
| **Complaint received by** |  |
| **Date received** |  |
| **Action taken or required**  (Include Continuous Improvement, if relevant) |  |
| **Date action completed** |  |
| **Signature** |  |