



# Complaint / Feedback Form for Consumers/Clients

Date: \_\_\_/\_\_\_/\_\_\_

Complainant's name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Details of complaint (please include, date complaint arose, nature of the complaint, the impact that the issue had for you, circumstances surrounding the complaint and any attempts you have made to remedy the situation)

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Who is the complaint directed towards? (state person responsible, or specific program area)

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Have you addressed your complaint / issue with the staff member, or program in question?

Yes                  No

What would be your ideal way of finding resolution to your complaint? \_\_\_\_\_

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Would you consider mediation to resolve your complaint?          Yes          No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature