

## Complaint / Feedback Form

### Complainant

<b>Name of person making the complaint:</b>		<input type="checkbox"/> Anonymous
<b>Address</b>		
<b>Phone:</b>	Home: _____	Work: _____
<b>Email:</b>	_____	

### Person on whose behalf complaint is being made (leave blank if same as Complainant)

<b>Name of person:</b>			
<b>Address</b>			
<b>Phone numbers:</b>	Home: _____	Work: _____	Mobile: _____
<b>Email:</b>	_____		

The complainant is a:

- |  |  |
|--|--|
| <input type="checkbox"/> Client/Tenant   | <input type="checkbox"/> Organisation (please specify) _____ |
| <input type="checkbox"/> Advocate/Friend | <input type="checkbox"/> Family member/Carer                 |
| <input type="checkbox"/> Staff member    | <input type="checkbox"/> Other (please specify) _____        |
| <input type="checkbox"/> Neighbour       |  |

### Details of Complaint

<b>Date complaint is being lodged:</b>	
<b>If complaint is about a person or a group of people, what are their names?</b>	
<b>Service or program that is the subject of the complaint (if known):</b>	
<b>Location of service / program (if known):</b>	
<b>Location of the property if complaint is about a tenant or housing property:</b>	

**Provide a summary of the issues of the complaint:** Please provide additional pages or documentation if necessary

Multiple empty horizontal lines for providing a summary of the issues of the complaint.

No. of Additional Pages:

**Authorisation**

Signature of person making the complaint:

Signature of person recording the complaint (if not the person making the complaint):

**Please forward this completed form to: Taldumande Youth Services**

In person at: 168 Pacific Hwy, North Sydney, NSW 2068  
By mailing to: PO Box 6103, North Sydney, NSW 2059  
By emailing to: administration@taldumande.org.au

**TYS Office Use Only**

Date Received: Time received: Received By:  
Complaint received via:  
 Verbal     Website     Email     Letter     TYS Complaint Form  
 Other (please specify) \_\_\_\_\_

Date entered into Complaints Register: Complaint Number:  
**Referred to:** to handle the complaint.

### Complaint Category

<input type="checkbox"/> Quality of Service	<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Housing issues (condition / maintenance)
<input type="checkbox"/> Service Eligibility	<input type="checkbox"/> Client Conduct	<input type="checkbox"/> Lack of Resources
<input type="checkbox"/> Policy	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Funding
<input type="checkbox"/> Breach of Privacy	<input type="checkbox"/> Communication	<input type="checkbox"/> Other (specify)