



# Complaint Form

## Full Name \*

All personal information is kept confidential and is only used to contact you regarding your complaint.

## Address \*

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

Country

## Home Phone Number \*

## Mobile Number \*

## Email Address

## Are you... \*

- A Client
- A Family member of a Client
- A Carer
- A Staff Member
- A Community Member
- Other

## Complaint Details

### Who is the Complaint About? \*

- A Staff Member
- A Client
- A Family Member
- Other

### Names of people involved in the Complaint. \*

### Location of Incident \*



*Private and Confidential*

*\* is mandatory field to be completed*

**Date of Incident \***

/  /   
MM DD YYYY

**Time of Incident \***

:    
HH MM AM/PM

**Details of Complaint (What happened?) \* (Please attach sheets of paper if more space is needed)**

[Large blue rectangular area for text input]

**What type of outcomes would you like to see? (Please attach sheets of paper if more space is needed)**

[Large blue rectangular area for text input]

**Date Complaint Made \***

/  /   
MM DD YYYY

**Time Complaint Made \***

:    
HH MM AM/PM

*Signature of Complainant:*

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Send

Please fax to 07 4728 2893 or scan and email to [dillin@tatsicfw.com.au](mailto:dillin@tatsicfw.com.au) or post to PO BOX 1376, Aitkenvale, QLD, 4814. Form can also be submitted in person at either 5 Charles Street, Gulliver or 33-37 Aitken Street, Aitkenvale.