

Please tick the relevant box below

Positive Feedback Complaint

Your Details (person lodging the feedback / complaint)

Full Name (legal name):		<input type="text"/>
Address:	<input type="text"/>	Postcode: <input type="text"/>
Contact Details	Home Phone:	<input type="text"/>
	Mobile Phone:	<input type="text"/>
	Email Address:	<input type="text"/>
Do you identify as Aboriginal or Torres Strait Islander?	Are you from a culturally and linguistically diverse background?	
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes (specify the background)	<input type="text"/>
<input type="checkbox"/> No	<input type="checkbox"/> No	
<input type="checkbox"/> Unsure	<input type="checkbox"/> Unsure	

Client details (if different to above)

Full Name (legal name):		<input type="text"/>
Address:	<input type="text"/>	Post Code: <input type="text"/>
Contact Details	Home Phone:	<input type="text"/>
	Mobile Phone:	<input type="text"/>
	Email Address:	<input type="text"/>

Complete this section if someone is assisting you with the concern and/or complaint, for example, a family member or carer, a guardian, advocate or friend.

Name:

Relationship to you:

Organisation (if applicable):

Address:

Contact Details

Home Phone:

Mobile Phone:

Email Address:

Tell us what you are satisfied/dissatisfied about and when it happened. If possible, provide us with the names of the people involved. Please attach copies of relevant documents such as letters, reports, photographs etc.

What steps have you taken to resolve the matter?

What outcomes are you seeking?

Signed by person lodging the feedback/complaint: _____

Date: _____

How to Lodge this Form:

In person: Unit 4, 2 Laurel Street Carramar
NSW, 2163

By email: complaint@mypractitioners.com.au

By mail: Confidential
Managing Directors
My Disability Practitioners