



## CLIENT COMPLAINT FORM

### About You

Name:			
Mailing address:			
Email:			
Mobile:			
Interpreter Required?	YES / NO	Language?	

**What is the nature of your complaint? (Please provide as much detail as possible, including dates, circumstances, names of people involved.)**

Have you raised this complaint directly with person involved?
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<b>Yes:</b>	<b>Date:</b>
<b>No:</b>	<b>Reason:</b>

**What is the outcome you are seeking?**

**The information I have provided above is true and correct to the best of my knowledge**

.....

.....

**(Signature)**

**(Date)**

Open Support is committed to handling complaints in a way that respects people's privacy and the confidentiality of the matter. Only authorised people will have access to information about your complaint. In most cases this will include involvement from the person and/or service about which you are complaining and may include other management staff and members of governing bodies.

If you are making a complaint on behalf of another person, please note that we must have the consent of that person to obtain or pass on personal information relevant to this matter. Please provide written consent from the person on whose behalf you are acting when submitting this form.

You will receive an acknowledgement of your complaint within 5 working days of receipt.

**Returning this Form** – You can return this form in person to a staff member or :-

Email: [info@opensupport.org.au](mailto:info@opensupport.org.au)

Mail: Complaints Manager, Open Support, 438 Victoria St, Darlinghurst, NSW, 2010.