Complaint / Feedback Form

# Details of person making the complaint

*Note: This form can be completed electronically or by hand.*

Date:

Does the person making the complaint wish to remain anonymous? Yes No

If no, name of person making complaint:

Category of person making complaint: (Participant/Family member/Friend/Advocate/Guardian/ Manager/Other provider/Staff member/Other)

Preferred method of contact:

Phone:

Email:

Postal address:

# Participant details

Name of participant complaint is regarding:

*(if participant is not the person making the complaint)*

Is the participant a current CBC client? Yes No

Can we speak to the participant about this complaint? Yes No

*(if complainant is not the participant)*

**Complaint or Feedback details**

Describe complaint or feedback:

(By the person making the complaint) What solution would you like?

This form can be emailed to feedback@cbchange.org

or posted to: Complex Behaviour Change, PO Box 383, Castlemaine VIC 3450