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CONFIDENTIAL COMPLAINT FORM

This form is to be completed and posted or delivered to:

Attn: The Manager (**CONFIDENTIAL**)

manager@disabilitymatters.org.au

Name: _____ Date: _____

Details of complaint: (Please tick box and attach a separate sheet if insufficient space provided)

Has this happened before? Yes No Unsure

Details: (Please tick box and attach a separate sheet if insufficient space provided)

What would you like to see happen? (Please tick box and attach a separate sheet if insufficient space provided)

Would you like to have another person assist you in dealing with this matter? Yes No

(Advocate/Support Person/Friend/Family Member/Carer/Interpreter)

If yes: Name of person: _____ **Contact Details:** _____

Signed: _____

<input type="checkbox"/> Date and time Complaint Form first seen by Manager: ___/___/___ : ___ am / pm		
Manager's recommended course of action: (Please tick box and attach a separate sheet if insufficient space provided)		
Signed by Manager:	Date:	Review date: