



ANONYMOUS COMPLAINTS & FEEDBACK FORM

Instructions:

1. Complete this form, and
2. Post your completed form to the below address:

Feedback and Complaints Officer
The Fig Trees Disability Services
7 Addison Road, Pennington SA 5013

3. **Please do not** put your name on the envelope.

Who is the person, or what is the service, about whom you are complaining or providing feedback?

Name or Service or Staff:

Does the person know you are making this complaint/providing feedback?

Yes

No

What is your Complaint/Feedback about?

Would you please provide some details to help us understand your concerns?

You should include what happened, where it happened, the time it happened and who was involved.



A large, empty rectangular box with a thin black border, intended for providing feedback or a complaint.



Supporting Information

Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?

What outcomes are you seeking because of the complaint/feedback?



FOR OFFICE USE ONLY

Name of officer:	
Date received:	
Action taken or required:	
Follow up plan:	
Date of registration on TFT complaint register:	