

# Complaints / Feedback Form

**Instructions:**

1. Complete this form
2. Forward with information to our director via email, website or post

Email	director@mccare.au
Website	www.mccare.au
Postal Address	5 Dewitt Street Salisbury Downs SA, 5108

3. The director will contact you upon receipt of this form.

## Fill in the details of the person who is making the complaint/ providing feedback.

Name of Person	
Address	
Phone	
Email	
My preferred contact method is	

## If you are making the complaint/feedback on behalf of another person provide the following details.

Your Name:	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback?	
Does the person consent to the complaint/feedback being made?	

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

Name	
Contact Details (if known)	

**What is your Complaint/Feedback about?**

**Provide some details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.**



*Supporting Information*

*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?**

**OFFICE USE ONLY**

<b>Complaint received by</b>	
<b>Date received</b>	
<b>Action taken or required</b> (Include Continuous Improvement, if relevant)	
<b>Date action completed</b>	
<b>Signature</b>	