



## COMPLAINTS FORM

### COMPLAINANT DETAILS

Name:

Address:

Postcode:

Telephone Home:

Work:

Email:

Was an interpreter used?

Yes  No

Any special circumstances? (eg vision impaired)?

Yes  No

Complaint against program area:  Registrations  Development

Grants  General

Complaint against individual?

Yes  No

Name of individual:

Summary of complaint (what happened?)

How was complaint made:

Verbal  Written

Resolution requested by complainant:

Action taken:

Outcome:

### Contact us

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