

Complaint Form

The following forms relate to lodging a complaint and providing feedback. You may require these at a later date, so please keep these.

We respectfully request that you contact us in the first instance if you have a complaint by calling your Area Manager **before** completing this form.

If you have done this and would still like to lodge an official complaint in writing, please complete the form on the next page and **attach all relevant documentation** about your complaint.

Do you need some help completing this form or with the complaint process? The following third-party services, may be able to help:

Disability and Community Services: (07) 3224 7179 or 1800 177 120

Complaints Referral Service: 1800 880 052

Aged & Disability Advocates Australia:

(07) 3637 6000 or 1800 818 338

Translating and Interpreting Service:

131 450

SWITC Interpreting Service:

(07) 3892 8559



YOUR DETAILS

| | |
|--|---|
| Title (please circle) | Mr / Mrs / Miss / Ms / Other: |
| Family Name: | |
| First Name: | |
| Address: | |
| Suburb/Town: | |
| State/Post Code: | |
| Phone Number: | |
| Mobile Number: | |
| Email Address: | |
| Complaint Details: Please tell us about your complaint and attach any relevant documentation or additional pages to this form. | |
| What date did you first talk to a team member about this complaint? | |
| Who did you speak with? | |
| What did that person offer to do? | |
| How would you like this complaint to be resolved? What actions would you like us to take? | |
| Declaration | I declare that the information supplied by me in this form is, to the best of my knowledge, true and correct. I understand that this complaint, including the documentation, may be referred to the funding entity for the purpose of resolving the complaint. Information may also be used to inform and improve the practices undertaken by Magenta Community Services and where appropriate, for investigative and legal purposes. |
| Name: | |
| Signature: | |
| Date (Day, Month, Year): | |