# Feedback and Complaint Form

## Part A – About you (If you would like your complaint to be anonymous go to Part B)

| **Fill in this box if you if you are making a complaint** |
| --- |
| Name of person: Click here to enter text.  **Name of nominee if applicable**  **Address**  **Phone**  **Email**  **Date complaint lodged** |
| Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative. |
| Name of representative: Click here to enter text.  Organisation: Click here to enter text.  My preferred contact is: Choose an item. |

**Part B – Your complaint**

| **What is your complaint about?**    Provide some details to help us understand your concerns. You can include what happened, time and date, where it happened and who was involved. |
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| Click here to enter text. |

**Part C – Who is your complaint about?**

| Who or what does your complaint relate to |
| --- |
| Name/organisation: Click here to enter text.  What is this person’s/organisation’s relationship to you? Click here to enter text. |

| **What outcomes are you seeking?** |
| --- |
| Click here to enter text. |

| Supporting information such as witness names, photos and correspondence or emails etc |
| --- |
| Click here to enter text. |

Please send to;

**Making Sense Occupational Therapy**

**Attn: Anne Basedow**

**239 Magill Road**

**MAYLANDS SA 5069**