

Complaints Form

Part A: Your Details

Name:	
Address:	
Contact Number:	
Email address:	
Preferred method of contact:	

Complete the following details if complaining on behalf of another person:

Name of person the complaint is about:	
What is your relationship to that person?	
Does the person know you are making a complaint?	
Does the person consent to the complaint being made?	

Part B: details of your complaint

Please provide details to help us understand your concerns. You can include what happened, who was involved and what was concerning.

Part C: Who is your complaint about?

Is your complaint about another person and/or service?	
Name:	
Address	
Contact Number:	
Email address	
What is the person's and/or organisation's relationship to you?	

Outcome: What outcome are you seeking?

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Part D: Further information

Supporting information: please provide any supporting information that you think may assist us to investigate your complaint	
Have you made a complaint about this matter to another agency?	
Agency details:	

Please submit your written complain via the following options:

- **Post:** PO Box 336, Morningside, QLD 4170
- **Email:** admin@rehabilityaustralia.com.au
- **Fax:** 07 3161 2589
- **In Person:** 161 Richmond Rd, Morningside, QLD 4170. Please note an appointment with a member of staff and/or management is recommended.