COMPLAINT FORM

Wombat Housing and Support Services appreciates your feedback and upholds your right to complain.

Name ……..

Date …….

Contact details……..

Complaint……
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What would you like to happen with this complaint?
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Have you been given information on your rights? ……

Have you received a list of advocacy services (agency who can speak on your behalf)?

…….

Signature of person making complaint: ……...

Unless you request otherwise this form will be given to the Program Manager who may speak to the other parties involved. You will be contacted within 1 week to discuss progress.

Thank you for your time.