

Service Complaint Form



Please complete this form in pen. If you do not understand any part of this form, or if you need assistance to put your complaint in writing, please call one of our staff on 9227 6414.

Person making the complaint

Mr/Ms (other) _____ First Name _____ Last Name _____

Address _____

_____ Postcode _____

Telephone (business hours) _____ Mobile Phone _____

Email Address _____

- I am the person who received the service, or
If you are not the person who received the service, I am
- A parent or guardian of a person under 18 years of age who received the service
- A person with legal authority to act on the person's behalf (attach documentary evidence)
- A person appointed to make the complaint by the person who received the service

My complaint is about

- Clinic services
- Counselling services
- Education services
- Administration
- PIP Service
- Other _____

Details of the person or unit the complaint is about

Unit Name _____

Name of Person _____

The event/service I wish to complain about occurred on _____
(Date)

Details of the person who received the service

Mr/Ms (other) _____ First Name _____ Last Name _____

My main concerns are

What I think needs to happen now

Action already taken

I have already approached / spoken with

Signature _____

Date _____

Return the complaint form to

ATT: Elaine Alderson
People 1st Programme
PO Box 141 Northbridge WA 6865
Email: Elaine.Alderson@pip.org.au
Fax: 9227 6871