

# Service Complaint Form



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

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## What I think needs to happen now

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## Action already taken

I have already approached / spoken with

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Signature \_\_\_\_\_

Date \_\_\_\_\_

## Return the complaint form to

ATT: Francis Townsend  
People 1st Programme  
PO Box 141 Northbridge WA 6865  
**Email:** Francis.Townsend@pip.org.au