

## Complaints / Feedback Form

**Instructions:**

1. Complete this form
2. Forward with information to our Complaints Manager via email, website or post

Email	<a href="mailto:feedback@classylife.com.au">feedback@classylife.com.au</a>
Website	www.classylife.com.au
Postal Address	PO BOX 4254, Lake Haven NSW 2263

3. The Complaint Manager will contact you upon receipt of this form.

Note: You can send in the Anonymous Complaints and Feedback form in the stamped self-addressed envelope that you received at intake.

### Fill in the details of the person who is making the complaint/ providing feedback.

<b>Name of Person</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>My preferred contact method is</b>	

### If you are making the complaint/feedback on behalf of another person provide the following details.

<b>Your Name:</b>	
<b>What is your relationship to the person?</b>	
<b>Does the person know you are making this complaint/providing feedback?</b>	
<b>Does the person consent to the complaint/feedback being made?</b>	

### Who is the person, or the service about whom you are complaining or providing feedback about?

<b>Name</b>	
<b>Contact Details (if known)</b>	

**What is your Complaint/Feedback about?**

Provide some details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.

*Supporting Information*

*Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).*

**What outcomes are you seeking because of the complaint/feedback?**

**OFFICE USE ONLY**

<b>Complaint received by</b>	
<b>Date received</b>	
<b>Action taken or required</b> (Include Continuous Improvement, if relevant)	
<b>Date action completed</b>	
<b>Signature</b>	