SDA SMART HOMES AUSTRALIA

THE DISABILITY HOUSING CENTRE

Complaints / Feedback Form

Fill in the details of the person who is making the complaint/ providing feedback.	
Name of Person	
Address	
Phone	
Email	
My preferred contact method is	

If you are making the complaint/feedback on behalf of another person provide the following details.	
Your Name:	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback?	
Does the person consent to the complaint/feedback being made?	

Who is the person, or the service about whom you are complaining or providing feedback about?	
Name	
Contact Details (if known)	

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 as a result of the complaint/feedback?

OFFICE USE ONLY

Complaint received by	
Date received	
Action taken or required	
Date action completed	
Signature	