On-Line Complaint Form

Thank you for lodging a complaint with our service. We are committed to always taking your concerns seriously and being respectful. We are genuinely interested in listening and understanding your perspective. Every client has a right to be heard and to seek a resolution to their problem. We see all complaints as an invaluable opportunity to improve our service. Please fill in all the details below so we can respond to your complaint in a timely manner.

Date Completed: _____

Your Name: _____ **Child's Name**: _____

Are you making this complaint on behalf of a client or person with a disability?

☐ Yes ☐ No

I am a: ☐ Parent / Carer ☐ Person with a disability ☐ Family Member / Friend ☐ Health Professional

☐ Advocate ☐ Teacher ☐ Other : _____

Landline No.: _____ **Mobile Phone No.**: _____

Email address: _____

Do you require any help with communication (e.g. interpreter or national relay service)? ☐ Yes ☐ No

Your Complaint

Who is the complaint about? _____

What is your complaint about?

Post this form to: Therapy Matters
6 / 43 Tallebudgera Creek Road, West Burleigh Q 4219

Email this form to: info@therapymatters.com.au

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