

FEEDBACK AND COMPLAINT FORM

If you want to provide feedback or lodge a complaint, please complete this form or make a recording and return it to the service. Your complaint will be processed in line with the service's Complaint Policy. If you wish to authorise a friend or advocate to assist you, please complete the authority section (Section B).

nclude details of the incident, staff member – attach a separate page if necessary.

6. Has any attempt been made to follow up this matter with the staff
member involved? YES/NO
If yes, please provide details e.g. date and place of meeting, and a brief
description of the meeting.
Signed
Date
Section B
15 - - - - - -
Is someone helping you with your complaint? YES/NO
If yes, name, address and telephone number of this person.
If yes, name, address and telephone number of this person. Do you give your advocate/friend permission to act for you in this complaint?
If yes, name, address and telephone number of this person. Do you give your advocate/friend permission to act for you in this complaint? YES/NO

Please return this form by mail to the Executive Officer, Welfare Rights & Advocacy Service, 98 Edward Street, Perth 6000 or by email to welfare@wraswa.org.au