

Feedback and Complaints Form



Down Syndrome Association of the Northern Territory Inc.

This is a form for you to tell us about your feedback or complaint. You can give it to any worker. If you do not want to fill in this form, you can have a talk with your worker or the CEO instead.

<p>Nature of feedback or complaint for example program/service/person</p>	
<p>Name of person making feedback/complaint</p>	Optional
<p>Phone number</p>	Optional
<p>Email address</p>	Optional
<p>Is there someone else (legal representative, support person, advocate) that you would like involved?</p>	
<p>What is the feedback or the complaint about?</p>	Turn over to add more information
<p>Where did the above occur?</p>	
<p>When (date/time) did the above occur?</p>	
<p>Who was involved (please list all persons involved)?</p>	
<p>Date this form was completed.</p>	

Feedback -or complaint – more details