



IT'S TIME TO END HOMELESSNESS

Client/Tenant Complaint Registration Form **CONFIDENTIAL**

This form is for use by any client/tenant wanting to make a complaint, or any staff member who is approached by a client/tenant wanting to make a complaint.

Staff member: Please assist the client/tenant to complete the form if they ask. If needed, they can give you a verbal account of the complaint and you can write it into the form.

Client/Tenant: Please complete this form or ask a staff member to help you with it. Make sure you also ask for a 'Working Together' brochure and a Client/Tenant Complaint Information Sheet.

When this form is complete, you can lodge it (details of how to do this are on the Client/Tenant Information Sheet) or a staff member can lodge it for you.

1. Is this complaint:

Anonymous

Identified

Complainant's name: _____

Complainant's address:

Phone: _____ email: _____

2. Who is completing this form?

complainant

advocate

staff member

friend or relative

3. Name and contact details of the person (if applicable.)

Name: _____

Address: _____

Phone: _____ email: _____

Complainants and advocates: A copy of this document will be given to you after it has been lodged.

Please note: You may withdraw your complaint at any time and you may involve an external advocate at any time.

