

Complaints Form

Details of the person who is making the complaint

Name of Person	
Address	
Phone	
Email	
My preferred contact method is	

If you are making the complaint 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?	

Complaints Form

Who is the person or service you are complaining about?

Name/	
Contact Details (if known)	

What is your Complaint 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 (for example letters, photos, emails).

What outcomes are you seeking as a result of the complaint?

OFFICE USE ONLY

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

Please send your completed form to:

Post: Motor Neurone Disease Association of South Australia
 66 Hughes St
 Mile End 5031
 South Australia

Email: admin@mndsa.org.au