#### **Caura**

# Complaints / Feedback Form

#### Instructions:

- 1. Complete this form
- 2. Forward with information to our Complaints Manager via email, website or post

Email	admin@caura.org.au
Website	www.caura.org.au
Postal Address	Level 4, Suite 408 13 -15 Moore Street Liverpool 2170

The Complaint Manager will contact you upon receipt of this form.
 Note: You can send in the Anonymous Complaints and Feedback form in the stamped self-addressed envelope that you received at intake.

Fill in the details of the person who is making the complainty providing feedback.		
Name of Person		
Address		
Phone		
Email		
My preferred contact method is		
If you are making the complaint/feedback 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?		
Who is the person, or the service about whom you are complaining or providing feedback about?		
Name		
Contact Details (if known)		



### Caura<sup>®</sup>

What is your Complaint/Feedbac Provide some details to help us t time it happened and who was in	understand your concerns. You should include what happened, where it happened,
Supporting Information Please attach copies of any docur letters, references, emails).	nentation that may help us to investigate your complaint/feedback (for example
What outcomes are you seeking	because of the complaint/feedback?

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## **OFFICE USE ONLY**

Complaint received by	
Date received	
Action taken or required (Include Continuous Improvement, if relevant)	
Date action completed	
Signature	