

Kindred Support Pty Ltd

ABN: 38 660 550 087 Suite 3A & 3B 111/113 Hume Street Wodonga VIC 3690 PH: 5000 1142 M: 0483 876 744

email: admin@kindredsupport.com.au

Complaints / Feedback Form

Instructions:

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

Fill in the details of the person who is making the complaint/ providing feedback.

| Email | admin@kindredsupport.com.au | |
|----------------|--------------------------------|--|
| Website | www.kindredsupport.com.au | |
| Postal Address | 111 – 113 Hume Street, Wodonga | |

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.

| 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. | | |
| If you are making the complaint/feedback on beh | alf of another person provide the following details. | |
| If you are making the complaint/feedback on beh Your Name: | alf of another person provide the following details. | |
| | alf of another person provide the following details. | |
| Your Name: | alf of another person provide the following details. | |

Who is the person, or the service about whom you are complaining or providing feedback about?



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| Name | |
|----------------------------|--|
| Contact Details (if known) | |

| Contact Details (if known) | |
|--|---|
| | |
| What is your Complaint/Feedback about? Provide some details to help us understand your of time it happened and who was involved. | concerns. You should include what happened, where it happened, |
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| | |
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| | |
| Supporting Information Please attach copies of any documentation that mo | ay help us to investigate your complaint/feedback (for example letters, |

references, emails).



Complaint received by

Date received

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| What outcomes are you seeking because of the complaint/feedback? | | |
|--|--|--|
| | | |
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| OFFICE USE ONLY | | |



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| Action taken or required (Include Continuous Improvement, if relevant) | |
|--|--|
| Date action completed | |
| Signature | |