



Anonymous Complaints & Feedback Form

Instructions:

1. Complete this form
2. Forward with information to our Complaint Manager via stamp self-addressed envelope provided at your intake. If you do not have this envelope, then please feel free to contact us by:

Website	www.kompasscommunityinclusion.com
Postal Address	34 Sea Spray Avenue, North Haven SA 5018

3. **Please do not** put your name through our website or on the envelope.

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

Name or Service

Does the person know you are making this complaint/providing feedback?

☐ Yes

☐ No

- What is your Complaint/Feedback about?
- Would you please provide some details to help us understand your concerns?
- You should include what happened, where it happened, the time it happened and who was involved.

**Supporting Information**

Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?

What outcomes are you seeking because of the complaint/feedback?

OFFICE USE ONLY

Date received	
Action taken or required	
Date action completed	
Signature	