

## Complaints Form

Date:

### Your details are optional

Name:

Address:

Phone:

Email:

### Would you like to be contacted about your complaint?

Yes  No

If you answered yes to the previous question:

### How would you like to be contacted?

Phone  Email  Mail

### What is the best time to contact you?

### My complaint is about:

- The care or services I am receiving  
 The care or services someone else is receiving

*If this complaint relates to the care and services someone else is receiving, you may add their details here.*

Name:

### What is your relationship with the person receiving care?

### Is the person receiving care aware of this complaint?

Yes  No

### Does the person receiving care consent to this complaint being raised?

Yes  No

### Are you authorised to make decisions on behalf of the person receiving care?

Yes  No

*Please note that you may be asked to provide a copy of the documentation authorising you to make decisions on the consumer's behalf.*

**Please provide details about your complaint below:**

**What outcome would you like from this complaint?**



**Phone**

03 6257 9100



**Website**

[www.mayshaw.org.au](http://www.mayshaw.org.au)



**Mail**

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