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| Complaints / Feedback Form |

**Instructions:**

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

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| Email | service@backtonatureecotherapy.com.au |
| Website | www.backtonatureecotherapy.com.au |
| Postal Address | 16 Murphy Street, O’Connor WA 6163 |

1. The Complaint Manager will contact you upon receipt of this form.

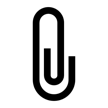
Note: You can send in the Anonymous Complaints and Feedback form in the stamped self-addressed envelope that you received at intake.

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| **Fill in the details of the person who is making the complaint/ providing feedback.** | |
| **Name of Person** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **My preferred contact method is** |  |

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| **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?** |  |

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| **Who is the person, or the service about whom you are complaining or providing feedback about?** | |
| **Name** |  |
| **Contact Details (if known)** |  |

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| **What is your Complaint/Feedback 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.** |
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| *Supporting Information*  *Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).* |

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