

## Complaint Form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Person Making the Complaint:

Name: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Home

Mobile

**Details of Complaint (please attach copies of documents if applicable):**

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Has this matter been brought to our attention previously: No / Yes

If Yes: To whom: \_\_\_\_\_ and when: \_\_\_\_\_.

We will advise you of the outcome of your complaint with 10 working days.

Client/Representative Signature \_\_\_\_\_

Client/Representative Name \_\_\_\_\_

Client/Representative Contact details \_\_\_\_\_

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(Please return this complaint form back to the speech pathologist)