

*If you have any questions about this form or you need help putting your complaint in writing, please call (03) 9483 4755 24 hours a day, 7 days a week. Return this form to:*

**c/O The Director, Lifestyle Centred Services  
2/42 Hartnett Drive, Seaford VIC 3912**

**I am the person who receives/received the service I am making the complaint about**

*Complete section 1, skip section 2, and complete the rest of the form.*

**I am making a complaint on behalf of the person with a disability who receives/received the services I am making a complaint about**

*Complete all sections of this form.*



<b>SECTION 1: YOUR DETAILS</b>				
<b>Your Title</b>		<b>First Name</b>		
<b>Surname</b>				
<b>Postal Address</b>				
<b>Postcode</b>				
<b>Telephone (business hrs)</b>		<b>Mobile Phone</b>		
<b>Email Address</b>				
<b>I prefer to be contacted:</b>	By phone	Email	Letter	After Hours
<b>Preferred language:</b>				
<b>Do you need help to communicate with us:</b>	Yes		No	
<b>"I wish to be identified as a person of Aboriginal or Torres Strait Islander descent"</b>				

<b>SECTION 2: COMPLAINT MADE ON A PERSON'S BEHALF</b>			
<i>Please complete the details of the person with a disability who is receiving the service.</i>			
<b>Title</b>		<b>First Name</b>	
<b>Last Name</b>			
<b>Postal Address</b>			
<b>Post Code</b>			
<b>Telephone</b>		<b>Mobile Phone</b>	
<b>Email Address</b>			
<b>Date of Birth/Age</b>			

<b>Type of Disability</b>	
<b>The person's preferred language:</b>	
<b>Other requirements for communication:</b>	
<b>This person wishes to be identified as Aboriginal or Torres Strait Islander:</b>	

*Please complete details of your relationship to the person who received the service, and their knowledge of the complaint.*

<b>Your relationship to the person receiving the service:</b>		
<b>Does the person know you are making a complaint on their behalf?</b>	Yes	No
<b>If no, please provide reasons why:</b>		
<b>Do you agree that we can talk about this complaint with the person who received the service?</b>	Yes	No
<b>If no, please provide reasons why:</b>		

*Please tell us what your main concerns are in the following section, including what led up to the complaint, approximate dates and who was involved.*

<b>SECTION 3: YOUR CONCERNS</b>		
If you need more space, attach extra pages.	"I have attached extra pages" (tick)	
<b>Return this form to:</b>	The Director, Lifestyle Centred Services PO BOX 1061 Seaford VIC 3198	