

Tell Us What You Think



Ref No: COM-FOR-009

COMPLIMENT OR

COMPLAINT

PART A: PARTICIPANTS, STAFF, MANAGEMENT, VOLUNTEERS & MEMBERS OF THE COMMUNITY

Are you a:

- Participant
- Family Member / Representative
- Staff Member
- Staff Member on behalf of a service user
- Volunteer
- Other: _____

Name (optional): _____

Date: ____ / ____ / ____

We value your comments and suggestions for improving our service so please tell us what you think and give this form in a sealed envelope to your Support Worker, Fairhaven staff member, Manager or post to:

Attn: Human Resources Manager
Fairhaven
209 Brisbane Water Drive
Point Clare NSW 2250

Compliments:

If you would like to give us with a compliment, you can download and complete this form on-line, and email it to hello@fairhaven.com.au, or you can give it to your Support Worker, or a Fairhaven staff member or Manager, or mail it to 209 Brisbane Water Drive, Point Clare NSW 2250

Complaints:

If you require a copy of our Complaint Policy and Procedure, please email us at hello@fairhaven.org.au. Or you can also download a copy, by clicking [here](#).

If your complaint is in relation to our CEO or a member of our Board of Directors please contact the Quality Manager via email at: judithg@fairhaven.org.au and request a copy of the Complaints Form, you will be provided with the details of where to lodge your form.

Developed by: QA Manager	Developed on: 01/06/2018	Review by: 01/06/2020	Reviewed on: 01.10.2020	Next Review:01.10.2021	Version: 1.1
Approved by: CEO	CONTROLLED AT TIME OF PRINTING				Page 1 of 1