

FEEDBACK AND COMPLAINTS FORM

Name: _____

Address: _____

Telephone: _____ **Date:** _____

(Please tick the most relevant box)

Complaint* Compliment Service Improvement Suggestion

** All complaints will be managed according to the MHF Complaints Policy a copy of which is available on our website at www.mhf.org.au.*

(Please provide us with the relevant details)

Have you discussed this with the Program Manager? Yes No

(If yes provide details)

How would you like the MHF to help you?

Signature: _____



(Office Use)

Reference Number:

Action required

Action Taken

Completion Date:

Signature:

- Register Updated
- Author informed of outcome.