

**Complaint / Feedback Form**

**For Children and Young People and Consumers**

**of CREATE Foundation**

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| --- | --- | --- | --- | --- |
| Would you like to provide | | | Feedback □  Make a Complaint □ | |
| Name: |  | | | Date: / / |
| Contact Details: | |  | | |
| Have you addressed your feedback or complaint with the staff member or program in question? Yes □ No □ | | | | |
| Details of Feedback or Complaint (tell us what happened, include the date and where you were, how do you feel about it and if you have tried to resolve the issue) | | | | |
| Who is the feedback/complaint about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details:  NOTE: Please attach additional information if this space is not adequate for your response. | | | | |
| What would you like to see happen? | | | | |
| Would you be open to mediation to resolve your complaint?  Yes □ No □ | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature (Staff member taking the complaint)

Date Received: \_\_\_/\_\_\_/\_\_\_