

COMPLAINTS FORM – Part A

(To be completed by complainant)



Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Title:	<input type="text"/>	Phone:	<input type="text"/>
Address Line 1:	<input type="text"/>	Mobile:	<input type="text"/>
Address Line 2:	<input type="text"/>	Post Code:	<input type="text"/>

1. What am I dissatisfied about? *Please briefly tell us what happened, where & with whom.*

2. What steps have I already taken to resolve this matter? *Please inform us of any phone conversations, letters, visits or meetings you have had to try and resolve this matter yourself.*

3. What step/s would you like to be taken next? *Please explain what action you feel would help resolve this matter.*

4. Is there any other information which will help us resolve this matter? *Please inform us of anything else that we should be aware of, so we can respond to your complaint in a fully informed and swift way. You may attach copies of relevant letters or documents you have relating to the matter.*

5. Do you need us to provide an interpreter?

Yes Which language do you require?

No

Signed:

Dated:

If you require any more space to detail your complaint, please do so below:

COMPLAINTS FORM - Part B - (ONLY CENSW staff members to complete)

Received by: Dated:

Co-operative name or direct managed property address:

- Category: (please tick only one)
- Contractor
- Communication Co-ordination
- Responsive Maintenance
- Schedule 3 Work
- CENSW Policy and Procedures
- CENSW Staff
- CENSW Customer Service
- Other (Please Specify)

What action has been taken?

Who else needs to be informed (notified to Registrar)?

Is a Corrective Action Report required?
Yes
No

Date Issue Closed:

By: (name of authorised person)

Date Complainant Informed?