Anonymous Complaints & Feedback Form

**Instructions:**

1. Complete this form
2. Forward with information to our Complaint Manager via stamp self-addressed envelope provided at your intake. If you do not have this envelope, then please feel free to contact us by:

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| Website | www.glowhealthcareagency.com.au |
| Postal Address | 20 Carlton St. Granville NSW 2142 |

1. **Please do not** put your name through our website or on the envelope.

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| Who is the person, or what is the service, about whom you are complaining or providing feedback about | | | |
| Name or Service |  | | |
| Does the person know you are making this complaint/providing feedback? | | ❒ Yes | ❒ No |

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| What is your Complaint/Feedback about?  Would you please provide some details to help us understand your concerns?  You should include what happened, where it happened, the time it happened and who was involved**.** |
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| **Supporting Information**  *Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?* |

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| What outcomes are you seeking because of the complaint/feedback? |
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**OFFICE USE ONLY**

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| --- | --- |
| Date received |  |
| Action taken or required |  |
| Date action completed |  |
| Signature |  |

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