



COMPLAINT NOTIFICATION FORM

Name of person making complaint:

Family Name: Given Name:

Address:
.....

Home Phone No: Mobile:

Name of the program you are participating in:
.....

Name of person/s complaint is in regards to:

Please state the reason for the grievance and/or why you feel you may have been unfairly treated:

.....
.....

Your suggestions for a solution:
.....

Signature: Date:

Please forward to:

Manager or Committee of Management, Langwarrin Community Centre Inc.

It is our intention for all grievances to be acknowledged in writing within 5 working days of receipt and where possible a resolution reached within 30 working days.

Office Use Only

Complaint Received (date):

Actioned By: Coordinator ☐ Manager ☐ COM ☐

Outcome/Action Taken (attach relevant documentation)
.....
.....

Feedback Provided: ☐ Date Reported to COM ☐ Date

Signature: Issue Close Date: