

Making a Complaint - Simple English

This form is for people who have a complaint about the services provided by Able Australia. If you need support to complete this form, please ask for assistance from someone listed on the complaints brochure. Able Australia will put you in touch with an advocate if you need one.

1	What is yo	ur complaint? (who, what, where, when, witnesses
2	What woul	d you like to see happen about your complaint?
		vide your name and contact details (Optional – n if you would like us to contact you about this
<u> </u>	Name:	
<u> </u>	Address:	
L	Phone:	
	Email:	



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Service:			
Are you making the complaint on behalf of someone else?			
	Yes	No	
•	ur relationship t, advocate, ca	to the person receiving the service arer etc.)?	
Relationship) :		
Name:			
-	person know	you are making the complaint on t	
Does the p	person know Yes	you are making the complaint on the	
Does the p	Yes		
Does the phalf? Signature Print name	Yes e:		
Does the phalf? Signature	Yes e:		
Does the pehalf? Signature Print nam Date:	Yes e this form to		