

COMPLAINT FORM FOR CHILDREN AND YOUNG PEOPLE



WHEN YOU MAKE A COMPLAINT, WE WILL TRY AND HELP YOU, BE KIND TO YOU AND TELL YOU HOW LONG IT WILL TAKE. IF YOU NEED HELP WHEN USING THIS FORM, CALL WHFS ON (08) 6330 5400.

YOUR PRIVACY WHFS ASKS FOR SOME PERSONAL INFORMATION (LIKE YOUR NAME AND HOW TO CONTACT YOU) SO WE CAN DEAL WITH YOUR COMPLAINT. ASKING FOR THIS INFORMATION IS PART OF OUR COMPLAINT POLICY. WE WILL NOT USE OR DISCLOSE YOUR PERSONAL INFORMATION FOR ANY OTHER REASON THAN DEALING WITH YOUR COMPLAINT.

1. About you

First name: _____

Last name: _____

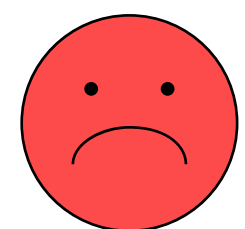
 Address: _____

 Home phone: _____

 Mobile phone: _____

 Email: _____

2. Tell us about your complaint. Who or what are you unhappy with? Tell us what happened.



3. When did it happen?



4. What would make you happy? Tell us what you would like to happen.



5. We might need to talk to you to help fix your problem. Are you okay with this?

Circle your answer!



Will someone else will speak for you? eg parent or guardian

Their name: _____

Their phone number: _____

6. You can post or email this form to us. Our contact details are:



Phone: (08) 6330 5400



Post: Women's Health & Family Services, 227 Newcastle Street, Northbridge, WA 6003



Email: complaints@whfs.org.au