

North Townsville Community Hub Inc.

Feedback and Complaints Form

Date:/	Time:	am/pm
Name of person completing form:	Signa	ature:
Name of person giving feedback:		
Address:		
		Post Code:
Email:	Pho	ne no
Staff Client	Centre user	Other
Complaint/feedback received by:		Position:
Method of complaint/feedback: In person	in writing	Telephone
Other (please specify)		
Complaint/feedback made in relation to:		
Staff/volunteer Client	Centre user	Other
Name:		
Where did the complaint/feedback arise:		
Name/s of other people/witnesses involved:		

Details of the complaint/feedback:	(if complaint received via email, attach printout)
Action / Outcomes:	
Client notified of outcome in writing	g on://
Signature:	Position:
	Date:/