



**ACT**  
Government  

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Community Services

**Therapy ACT**  
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Holder ACT 2611  
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## **CONFIDENTIAL COMPLAINTS FORM**

**Date:**

**Name:**

**Address:**

**Telephone:(h)**

**(b)**

**Name of person taking the complaint:**

**Telephone:**

**Details of complaint:**

**Recommended Action- what would be regarded as a satisfactory action and/or outcome**

**Complainant's signature (if attending in person)**

**Action/Investigating Officer's Name:**

**Action taken:**

**Did feedback occur to complainant:**

**Yes/No**

**If Yes what form did the feedback take:**

**If Yes did the complainant express satisfaction**

**Yes/No**

**If No what further action will occur:**

**Section/Branch Head's signature:**