

Participant Complaint Form

Participant details

| | | | |
|---------|--|---------------|--|
| Name | | | |
| Address | | | |
| Phone | | Date of birth | |

Details of person making the complaint *(if different from above)*

| | | | |
|-----------------------------|---|---------------|--|
| Name | | | |
| Address | | | |
| Phone | | Date of birth | |
| Relationship to participant | <input type="checkbox"/> Support worker <input type="checkbox"/> Trusted person <input type="checkbox"/> Family member: <i>(please specify)</i> _____ <input type="checkbox"/> Other: <i>(please specify)</i> _____ | | |

All About You – Disability Services requires the participant’s consent if they wish for a third party to raise a complaint on their behalf. If this is the case, the participant is required to sign the consent below:

I authorise the above-mentioned person to act of my behalf in this matter.

| | | | |
|-----------------------|--|--|--|
| Participant signature | | | |
| Date | | | |

