Nunkuwarrin Yunti
of South Australia Inc.

COMPLAINTS FORM

Please use this form to make a complaint.
If you need help completing this form please ask a staff member.

YOUR TITLE (PLEASE CIRCLE ONE)	Mr Mrs Ms Miss Dr Other:……	
YOUR FULL NAME		
YOUR ADDRESS	Street Address:	
	Suburb:	
	Postcode:	
YOUR TELEPHONE NUMBER(S)	Home	
	Work	
	Mobile	
YOUR EMAIL ADDRESS		

DETAILS OF YOUR COMPLAINT: (Explain what your complaint is about. It is important that you try to clearly identify the issue of your complaint, including date, location, people involved. Please add extra pages if necessary and attach copies of relevant documents such as letters, reports etc. If you do not have access to a photocopier, you can ask us to copy and return any original documents you send to us.

DETAILS OF COMPLAINT: (CONTINUED)

WHAT DO YOU THINK SHOULD BE DONE TO RESOLVE THE ISSUE?

SIGNATURE: ……..……

DATE: ……..

PLEASE RETURN THIS FORM TO:

Nunkuwarrin Yunti of SA Inc.

By post:
PO Box 7202, Hutt Street, Adelaide 5000

In Person:
182-190 Wakefield Street, Adelaide
28-30 Brady Street, Elizabeth East
Fax: 08 8232 0949
Email: feedback@nunku.org.au

OFFICE USE ONLY: FORM RECEIVED BY STAFF MEMBER			
Received by:		**Date Received**	___/____/____
Action/s completed (if any)		**Action Assigned to and Timeframe:**	
Complaint Resolved	**Yes** **No**	**Forward to Relevant Manager**	
Relevant Manager Name:		**Date:**	___/____/____

OFFICE USE ONLY: FORM REFERED TO MANAGER/ EXECUTIVE MANAGER OR CEO/BOARD			
Received by:		**Date Received**	___/____/____
Executive Assistant Notified within 2 working days	**Yes** **No** **If no, explain:**	**Date Executive Assistant notified**	___/____/____
Action/s (if any)		**Action Assigned to and Timeframe:**	
		Action Assigned to and Timeframe:	
		Action Assigned to and Timeframe:	
		Action Assigned to and Timeframe:	
Client/Person Notified within 3 working days	**Yes** **No** **If no, explain:**	**Complaint Resolved**	**Yes** **No** **NA** ***If no forward to Line Manager**
Received by:		**Date Received**	___/____/____
Action/s (if any)		**Action Assigned to and Timeframe:**	
		Action Assigned to and Timeframe:	
Client/Person Notified within 3 working days	**Yes** **No** **If no, explain:**	**Complaint Resolved**	**Yes** **No**

OFFICE USE ONLY: COMPLAINT SATISFACTORILY COMPLETED			
Form forwarded to CEO/Executive Assistant	___/____/____	**CEO/Executive Assistant Entered Into Database**	___/____/____
Reference Number			