**Complaints Form**

Please use this Form to make a formal complaint.

If you need help completing this Form, you can ask a staff member for assistance.

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| **Your Full Name** |  | | | |
| **Your Address** |  | | | |
|  | | | |
| **Suburb**: |  | **Postcode:** |  |
| **Contact Number/s** |  | | | |

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| **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. |
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| **What would you like to see done to resolve the issue?** |
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| **Your Signature** |  | **Date** |  |

**PLEASE RETURN THIS FORM TO NUNKUWARRIN YUNTI OF SA INC:**

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| **By post:**  PO Box 7202, Hutt Street, Adelaide 5000 | **By Fax:**  08 8232 0949 | **By Email:**  [feedback@nunku.org.au](mailto:feedback@nunku.org.au) | **In Person:**  Place this Form in an Envelope marked CONFIDENTIAL and insert in the Feedback Box at any of our sites |