



Anonymous Complaints & Feedback Form

Instructions:

1. Complete this form.
2. Remember do not include your name if you prefer to remain anonymous.
3. Forward with any relevant information to our Managing Director using the following contact details:

Organisation Name:	BeyondLimits Care & Support Services
Email Address:	admin@beyondlimitscare.com.au
Postal Address	3/89 Lambert Street kangaroo Point QLD 4169

Who is the person, or what is the service, about whom you are complaining or providing feedback about?

**Name or Person
or Service:**

**Does the person *(if applicable)* know you are
making this complaint/providing feedback?**

☐ Yes

☐ No

What is your Complaint/Feedback about?

Please provide relevant details to help us understand your concerns.

Include what happened, where it happened, the time it happened and who was involved.





Supporting Information

Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)

What outcomes are you seeking because of the complaint/feedback?





OFFICE USE ONLY

Date complaint received:	
Action taken or required:	
Date action completed:	
Name of organisation Representative:	
Role/Position title:	
Signature:	