



Complaints & Feedback Form

Instructions:

1. Complete this form.
2. Forward with any relevant information to our Managing Directors 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

3. The Complaints Manager or delegate will contact you on receipt of this form.
4. You can submit an Anonymous Complaints and Feedback form if you prefer not to disclose your name, however this means we cannot discuss it with you directly.

Fill in the details of the person who is making the complaint/providing feedback


Name:	
Address:	
Phone:	
Email:	
Preferred Contact Method:	

If you are making the complaint/feedback on behalf of another person, provide the following details

Your Name:	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback on their behalf?	
Does the person consent to the complaint/feedback being made?	



Who is the person, or the service about whom you are complaining or providing feedback about?	
Name of Person or Service:	
Contact Details: (if known)	

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 <i>Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?</i>
	What outcomes are you seeking because of the complaint/feedback?



OFFICE USE ONLY

Date complaint received:	
Action taken or required:	



Date action completed:	
Name and Role/Position Title of Organisation's Representative:	
Signature:	