

Karabi Community & Development Services Inc.



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Complaint Form

(To be completed by clients to document a complaint)

Date:
Name of Person Making the Complaint:
Address:
Suburb Post Code.....
Phone: Mobile:.....

Aggrieved Person's Details If Different from the Person Making the Complaint (i.e. If the Complaint Is Being Made By an Advocate):

Family Name:
Given Name:
Address:
Suburb Post Code.....
Phone: Mobile:.....
Email:

Advocate's Relationship to Aggrieved Person:.....

Staff Member Handling Complaint:

Complaint Made Via:

- Telephone
- Letter (attached)
- In person
- Other

Description of Complaint:

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Preferred Solution:

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Record of investigation:

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Referred to other agency? (Provide details)

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Verification of client happiness of outcome and process: did it work?

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