



ookami kids
PAEDIATRIC THERAPY SERVICES

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email info@ookamikids.com
abn 76 955 274 563

Complaints/ Feedback Form

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

Name of Person

Address

Phone

Email

My preferred contact method is

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?

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

Contact Details (if known)

What is your Complaint/Feedback about?

Provide some details to help us understand your concerns. You should include what happened, where it happened, 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 as a result of the complaint/feedback?

Thankyou for taking the time to provide us with feedback or make a complaint.

Please submit your complaints/feedback form via email to info@ookamikids.com or post it to us at 602 Barkly Street, Golden Point, VIC, 3350.

You will be notified in writing with confirmation that the complaint/feedback form has been received.

OFFICE USE ONLY

Complaint received by	
Date received	
Action taken or required	
Date action completed	
Signature	