

Complaint Form

Part A – About me

Full Name: Click here to enter text.

Part B- About the complainant (if different to above)

Fill in this box if you are complaining on behalf of someone else

Name of person: Click here to enter text.

What is your relationship to that person? Click here to enter text.

Does the person know you are making this complaint? Choose an item.

Does the person consent to the complaint being made? Choose an item.

Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative.

Name of representative: Click here to enter text.

Organisation: Click here to enter text.

Postal Address: Click here to enter text.

Contact Numbers

Business: Click here to enter text.

Mobile: Click here to enter text.

Fax: Click here to enter text.

TTY: Click here to enter text.

Email: Click here to enter text.

My preferred contact is: Choose an item.

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|-------------------------|-----------------------------|--------------------------|
| Accountable: Leadership | Effective Date: 18 Aug 2020 | Review Date: 18 Aug 2023 |
| Responsible: Board | Revision Number: 1 | Page 1 of 4 |

Part C – Your complaint

What is your complaint about?

Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved or the decision made that you are unhappy about.

[Click here to enter text.](#)

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| | | |
|-------------------------|------------------------------------|--------------------------|
| Accountable: Leadership | Effective Date: 18 Aug 2020 | Review Date: 18 Aug 2023 |
| Responsible: Board | Revision Number: 1 | Page 2 of 4 |

Part D – Who is your complaint about?

Name of the person, or service about whom you are complaining

Name/organisation: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Post Code: [Click here to enter text.](#)

Contact numbers

Home: [Click here to enter text.](#)

Business: [Click here to enter text.](#)

Fax: [Click here to enter text.](#)

Mobile: [Click here to enter text.](#)

TTY: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

What is this person's/organisation's relationship to you? [Click here to enter text.](#)

What outcomes are you seeking?

[Click here to enter text.](#)

NOTE: If you want to complain about more than one person, please provide this additional information on an extra page.

Part E – Further information

Supporting information

Please attach copies of any documents that may help us investigate your complaint (for example letters, references, emails).

Click here to enter text.

Please check this box to consent No Limits Community Services to work with the necessary parties involved in this complaint in order to resolve this issue.

Email your form to: feedback@nolimitscommunity.org or post to No Limits Community Services, Level 1, The Greenhouse, 797 Plenty Road, South Morang, Melbourne Victoria 3752

No Limits, its employees and agents do not accept any liability for action arising from any error, omission or incomplete information provided. ABN 96 169 745 000 © No Limits Community Services.

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