

COMPLAINT FORM

If you need support in completing this form, you may contact a local advocate on **0800 555 050**.
This is a free and confidential service for all people who use a health or disability service in New Zealand.

PART A

Date _____

Tell us about you

Name _____

Address _____

Staff | Visitor | Client | Stakeholder | Other (please circle) If other _____

Phone: Work _____ Mobile _____ Home _____

Tell us about your complaint

Date complaint occurred: _____

What happened?

How can we improve our service to you?