



Formal Complaints Form

This form is for making a formal complaint to the Tasmanian Deaf Society about a incident that happened to you that you when using our services.

If you have any suggestions or ideas about the services that Tasmanian Deaf Society provides please use the *Suggestion Form which is available at the office.*

Please complete the following questions with as much detail as possible. Add more sheets of paper if needed.

To: Quality Improvement Management Committee

From: (Name)

Address and/or phone number/TTY

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Circumstances of Complaint

What happened? Please be as clear as possible

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When and where did the incident occur?

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Was anyone else there? What are their names?

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What do you think would be the best outcome? (What would you like to see happen?)

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Signed:

Date:

Outcomes

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.....

Manager

Date: