



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.

1: Tell us about you

First name _____

Last name _____

Address _____





Home phone: _____



Mobile phone: _____



Email: _____

2: Tell us about your complaint

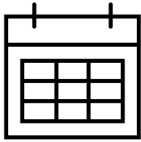
Who are you complaining about?

Name of the person



What made you unhappy?

Tell us what happened



When did it happen?

Date or Dates _____



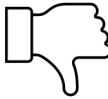
What would make you happy?

Tell us what would you like to happen.

Have you complained about this to anyone else?

(Please circle your answer)

Yes 


No 

If yes, who did you complain to?

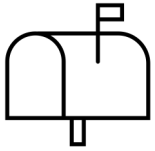
We need to talk to the person that you have made a complaint about.

Are you okay with this? (Please circle your answer)

Yes 

No 

You can post or email this form to us. Our contact details are:



Supported Lifestyle Service
Level 1/97 Grey Street
Palmerston North Central
Palmerston North 4410



Email: info@supportedlifestyleservices.co.nz



Freephone: 0800 83 26 75



Website: www.supportedlifestyleservices.co.nz