



**TELL US WHAT YOU THINK**

I wish to (please tick):  Complaint  Give Feedback  Compliments

**The Issue**

Has the issue been raised previously with CareSouth?  Yes  No

Please explain what the issue is that you wish to raise. If you wish to complain and you have raised the issue before, please detail when, who was spoken to, and if so, why there is still dissatisfaction.

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*You may wish to attach any further relevant additional information on separate sheets.*

**Resolution Requested**

What would you like to see happen as a result of raising the issue:

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Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

If you are representing someone, please summarise why:

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*Office Use Only*

Date received \_\_\_\_\_ Receiving staff \_\_\_\_\_

Form completed by person making complaint named above \_\_\_\_\_

Form completed by staff member from verbal discussion \_\_\_\_\_

Registration No. \_\_\_\_\_ Date registered \_\_\_\_\_

Responding staff \_\_\_\_\_ Date Response sent \_\_\_\_\_

Refers to Incident Report No. (if applicable) \_\_\_\_\_

Please forward to: [info@caresouth.org.au](mailto:info@caresouth.org.au)

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**FOR MORE INFORMATION**

contact us on **1300 554 260** or check out our website [www.everydaycaresouth.org.au](http://www.everydaycaresouth.org.au)