

Name:	
Relationship to service:	<input type="checkbox"/> Tenant <input type="checkbox"/> Applicant <input type="checkbox"/> Other:
Address:	
Phone:	
Email:	
Date completed:	

I want to *(please tick)*:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Give a compliment | <input type="checkbox"/> Make a complaint about my neighbour | <input type="checkbox"/> Request an appeal |
| <input type="checkbox"/> Make a suggestion | <input type="checkbox"/> Make a complaint about the service  | <input type="checkbox"/> Other             |

Do you wish for this feedback to be treated confidentially?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you require an interpreter, which language?	

Details *(Detail your concern, issue, suggestion or compliment.)*

Please say what happened, when it happened and who was involved.

### Complaints and Appeals Only

What have you done to try resolve this matter?

*Please tell us about any conversations, letters, visits or meetings?*

How is this matter affecting you?

What is the urgency of this matter?

What do you believe is the most fair and appropriate outcome for this matter?

### Acknowledgement

I confirm I have read the Feedback, Complaints and Appeals Brochure and understand the process that will be undertaken to address the concerns I have raised.

Signature:

Date: