# 

# 

# 投诉表

姓名:

年龄:

*注：如客户不满16岁，需要家长/监护人签名*

请打勾:  我是接受服务的客户

我是客户的家人、监护人或代言人  我是一名员工

我希望匿名

**服务项目:**  住宿 –地址:

日间项目  CP, 35 Beach St, Kogarah

CAS, 2 Laycock Road, Penshrurst

咖啡俱乐部

治疗服务

投诉日期:

联系方式:

**请概述投诉细节:**

*请告诉我们您的主要顾虑，包括您投诉的原因和涉及人员*

**请概述您希望如何处理本次投诉:**

*签名:*

*家长/监护人签名:*

***请将投诉寄至：***

**收件人: Office Manager**  电话: 02 9588 5433

地址: Sunnyhaven Disability Services 传真: 02 9588 5066

35 Beach Street, Kogarah NSW 2217

**Sunnyhaven use only:**

Complaint manage by: Log No.

Date:

Action to be taken:  YES  NO

**Complaint Investigation**

*Describe the actions taken to follow up the concerns*

**Complaint Resolution**

*Describe the outcome of the complaint*

Investigation Response letter sent to family:  YES  NO

Please attach any supporting documentation and Response letter to this form.

Complaint closed:

By:

Date:

**Managers Only**

*Have you included this is your Monthly report – (Customer Service)*  YES  NO