



North Townsville Community Hub Inc.

Feedback and Complaints Form

Date: ___/___/___

Time: _____ am/pm

Name of person completing form: _____ Signature: _____

Name of person giving feedback: _____

Address: _____

Post Code: _____

Email: _____ Phone no. _____

Staff Client Centre user Other

Complaint/feedback received by: _____ Position: _____

Method of complaint/feedback: *In person* *in writing* *Telephone*

Other (please specify) _____

Complaint/feedback made in relation to:

Staff/volunteer Client Centre user Other

Name: _____

Where did the complaint/feedback arise: _____

Name/s of other people/witnesses involved: _____

