

Compliments, Complaints, Feedback Form

Continence Nurses Australia encourages feedback about our service and will respond to all feedback within two working days. We appreciate this feedback and use it to help develop and improve our service.

Fill in the details of the person who is making the complaint/ providing feedback.

Name of Person	
Address	
Phone	
Email	
My preferred contact method is	<input type="radio"/> Written <input type="radio"/> Email <input type="radio"/> Phone

If you are making the complaint/feedback on behalf of another person, provide the following details.

Your Name:	
What is your relationship to the person?	
Does the person know you are making this complaint/providing feedback?	
Does the person consent to the complaint/feedback being made?	

Who is the person or the service about whom you are complaining or providing feedback?

Name	
Contact Details (if known)	

Compliment Complaint Other feedback

Please provide some details to help us understand your concerns. You should include what happened, where it happened, the time it happened and who was involved.

Supporting Information Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).

What outcomes are you seeking as a result of the complaint/feedback?

OFFICE USE ONLY

Complaint received by	
Complaint added to register	
Date received	
Action taken or required	
Correspondence sent to complainant	
Date action completed	
Signature	



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