



## COMPLAINT FORM

COMPLAINANT DETAILS	
Name:	
Address:	
Phone Number:	
Email	
Date of Complaint	
Relationship of complainant to Karinya eg client, parent etc	

COMPLAINT DETAILS	
Date of Incident	
Location of Incident	
Names of Witnesses	
Describe your complaint in detail:	
To whom did you report this complaint:	
Describe what action you would like to see taken in order to deal effectively with your complaint:	
Describe what measures can be taken in order to avoid a repeat of this problem:	

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form to The Director, Karinya Counselling Centre 588 High St Rd Glen Waverley 3150