



Feedback & Complaints Form

Once completed this form will be assessed by the Management Team.

What is your purpose for using this form? Providing feedback Making a complaint

Details of person providing feedback or making a complaint

Name:		Phone:	
Email Address:			

Would you like to book a follow up appointment: Yes No

If you are completing this form for another person, please provide the following details:

Name:		Relationship:	
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Describe the Feedback or Complaint

Do you believe this feedback or complaint is an issue that requires immediate attention?

Yes No

Have you already received any support or response from our team?

Yes No

If so, please briefly describe:

Submitting your Feedback or Complaint

Once complete, please email to the Managing Director at services@legacylifestylesupports.com.au or provide a printed copy to any of our staff.