



Complaint Form

Lutheran Community Care is committed to providing the highest level of service. Any complaints received will be responded to promptly, fairly investigated and you will be notified of the outcome. Please complete this form and place in the provided 'Confidential' envelope. Return the sealed envelope to counter staff.

Send this form to:
LCC Feedback and Complaints Handling Manager
PO Box 1020
PROSPECT EAST SA 5082
Or email to: feedback@lccare.org.au

Date: **Name:**.....

Contact details:..... (telephone)

Email:.....

Address:.....

If something happened to lead you to make a complaint when did it happen?

If relevant (Day, Date):

Details of complaint:

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.....

Attach a separate sheet if required.

Are there any aspects of this complaint that are to be treated as confidential?

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What would you like to happen?

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.....

Signature :

Follow-up Action (LCC Office Use Only):

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.....

Manager Advised: Yes/No **Name of staff member:**.....

Position held and contact details:

Recorded on secure data base: Yes/No **Registration Number**.....

Signature:..... **Date:**.....