



Yarrawonga Neighbourhood House Inc

Registered Training Organisation #21765
 ABN 39 126 270 641
 ARBN 158 141 470

**COMPLAINTS
FORM**

| | | | |
|--|---------------------------------------|------------------------------------|----------------------------------|
| To: | Person In Charge | | |
| From: | <input type="checkbox"/> Staff Member | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Visitor |
| | <input type="checkbox"/> Tutor | <input type="checkbox"/> Student | |
| Comment: | | | |
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| | | | |
| Signed: | | | Date: |
| Please include contact details if you wish to be contacted: | Name: | | |
| | Phone: | | |

THE FOLLOWING AREA IS FOR YNH USE ONLY

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| Action plan: | |
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| | |
| Outcome: | |
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| Opportunities for Continuous Improvement: | |
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| | |
| Closed out by: | |
| | |
| Signature: | Date: |

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|----------------|----------|---------|----------|---|---|---|---|---|
| Version | Original | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Date | 13/11/07 | 29/2/12 | 20/11/12 | | | | | |