

## **Complaint Form**

**Office Use Only** Complaint Number

| Name:  |        |
|--|--------|
| Phone:   | Email: |
| Address:   |        |
| What I am dissatisfied about:<br>(Please explain what happened and when)   |        |
|  |        |
|  |        |
| What have I already done to try and addr<br>(Please tell us about any phone calls, lette                               |        |
|  |        |
|  |        |
| How would you like Pacific Community Housing to help?<br>(Please explain what you think would fix the problem for you) |        |
|  |        |
|  |        |
| Signed:  | Date:  |
|  |        |

Please send this form by post or email to Pacific Community Housing Level G,16 Leavesden Place, Sylvania 2224 | email info@pacificcommunityhousing.com.au