

## **Complaint Form**

**Office Use Only** Complaint Number

Name:	
Phone:	Email:
Address:	
What I am dissatisfied about: (Please explain what happened and when)	
What have I already done to try and addr (Please tell us about any phone calls, lette	
How would you like Pacific Community Housing to help? (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