## Complaint form



If you are dissatisfied with Stronger Smarter Institute, our services, activities or our team members, we encourage you to let us know. Please use this form to make a <u>formal complaint</u>.

Your	details			
Name: _	ould like your complaint to be anonymous, do not wri	ita vaur nama ar aantaat	details on this f	arm)
-	s:	-	details on this i	omi)
Audies	s			<del></del>
Phone:	(h)	(w)		(m)
Email:				
Preferre	ed contact method: (please tick) Email	Post □ Phone □	Mobile □	Other $\square$
Do you	need an interpreter: (please circle) Yes / No	If yes, what langua	nge?	
Your	complaint			
Please o	describe your complaint. It will help us if you car	n explain:		
•	What service or program or activity you are cor What happened When it happened (including dates) Who else was involved (names of individuals, in			
	feel free to attach additional pages if there is no t information that supports your complaint, for ex s.			
				<del></del>

## Complaint form

Your signature:		Date:	
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## Where to send this form

Once you have completed this form, you can:

- · email it to: HQ@strongersmarter.com.au, or
- send it by post to: Chief Executive Officer, Stronger Smarter Institute, PO Box 509, Caboolture, QLD 4510.

## Our commitment to you

Our commitment to you is that we will do our best to provide an initial response to you within three working days after we receive your Complaint Form, and to resolve your complaint within 10 working days.