



# Complaint Form

## Part A

Please complete this section if you are making a complaint	
Name of person	
Name of nominee (if applicable)	
Address	
Phone	
Email Address	
Date complaint lodged	

Please complete this section if someone is assisting you in relation to the complaint (E.g. a family member, your nominee or representative)	
Name of representative	
Organisation	
Address	
Business Number	
Mobile Number	
Email Address	
My preferred contact is	



# Complaint Form

## Part B

Date and time of incident in relation to complaint	
Where did the incident occur	
Who does your complaint relate to	Name/Organisation:
What is the person's/organisation's relationship to you	
Details of your complaint	
What outcomes are you seeking	
Supporting information such as witness names, photo and correspondence or emails etc.	
Email to: <a href="mailto:complaints@bloomfieldcare.com.au">complaints@bloomfieldcare.com.au</a> Or call: 1800 242 550	