

Complaint Form

YOUR DETAILS (OPTIONAL)

Full Name: _____

Address: _____

_____ Postcode: _____

Telephone: _____

Email Address: _____

Date of complaint: ____/____/____

DETAILS OF THE COMPLAINT

Which program or service are you making the complaint about?

Please give details of your complaint

Have you discussed this complaint with anyone at HelpingMinds? If so, who?

ONCE COMPLETED PLEASE POST TO:

Privacy Officer
HelpingMinds
182 Lord Street
Perth WA 6000

OR: Fax (08) 9427 7119
OR: Email: privacy@HelpingMinds.asn.au