



COMMON EQUITY HOUSING

South Australia

COMPLAINTS FORM - *(To be completed by complainant or person receiving the complaint)*

Last Name:

First

Name:

Title:

Phone:

Address

Mobile:

Line 1:

Address

Post Code:

Line 2:

1. What am I dissatisfied about? *Please briefly tell us what happened, where & with whom.*

2. What steps have I already taken to resolve this matter? *Please inform us of any phone conversations, letters, visits or meetings you have had to try and resolve this matter yourself.*

3. What step/s would you like to be taken next? *Please explain what action you feel would help resolve this matter.*

4. Is there any other information which will help us resolve this matter? *Please inform us of anything else that we should be aware of, so we can respond to your complaint in a fully informed and swift way. You may attach copies of relevant letters or documents you have relating to the matter.*

5. Do you need us to provide an interpreter?
Yes Which language do you require?

No

Signed:

Dated:

If you require any more space to detail your complaint, please do so below:

COMPLAINTS FORM - *(ONLY CEHSA staff members to complete)* Received by:

Dated:

Member organisation name or direct managed property address:

Category: *(please tick only one)*

Contractor

Communication Co-ordination

Responsive Maintenance

CEHSA Policy and Procedures

CEHSA Staff

CEHSA Customer Service

Other (Please Specify)

What action has been taken?

Who else needs to be informed (notified to Registrar)?

Is a Corrective Action Report required?

Yes

No

Date Issue Closed:

By: *(name of authorised person)*

Date Complainant Informed?