



## Complaint Form

First Name:

Family Name:

Phone:

Business:

Mobile:

Email:

Address:

Suburb:

State:

Postcode:

I would like to be contacted by (circle any): Phone      Email      In writing

### What is your complaint about?

Please provide some details to help us understand your concerns.

### What happened?

### When did it happen?

### Where did it happen?

### Who was involved?

### Additional Information

### What outcome are you seeking? (What would help resolve your complaint?)

If you have any further information or supporting documentation or evidence, please attach or scan and return with this form to [safeguarding@goodsams.org.au](mailto:safeguarding@goodsams.org.au)

**Signature :**

**Date:**

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Contact information of employee taking receipt of complaint/ supporting completion of this form  
(OFFICE USE ONLY):

**Employee:**

**Position:**

**Phone:**

**Email:**

**Format received:**

**Date received:**

St Scholastica's  
Good Samaritan Congregational Centre | ABN 63 272 929 160  
PO Box 1076 Glebe NSW 2037 | Tel 61 2 8752 5300  
2 Avenue Road, Glebe Point  
[gsoffices@goodsams.org.au](mailto:gsoffices@goodsams.org.au)