

Gold Coast Youth Service Complaint Form

Complainant's Name/s:	
Address:	Postcode:
Tele:	Email:
Date of complaint:	Mode of Delivery:
Is the complainant a:	
Service User: Parent:	Visitor: Community member Other stakeholder:
Is the complaint about a:	
GCYS Employee: GCYS Prog	gram: GCYS Decision: GCYS Client/s: Other:
Details of the complaint: (if there is	insufficient room please write on the back of this form or attach additional pages)
Describe what action you feel ca	n be taken to deal with your complaint:
Describe want actions you feel ca	an be taken to ensure your complaint does not happen again.
Signature of complainant:	Date:
-	
Received by: Name:	Date: