


# COMPLAINTS FORM



|  |   |
|--|---|
| If you are not happy                           |    |
| You can let us know                            |    |
| You can send this in an email                  | <br><a href="mailto:hello@abilityhousing.com.au">hello@abilityhousing.com.au</a> |
| Or in the post                                 | <br><b>PO Box 538, Cottesloe WA 6010</b>  |
| You might have someone that can help you       | <br><b>Family, Friend, support worker</b>                                       |
| If you don't hear from us, You can call Astrid | <br><b>M-0409145060</b>   |

## Your details

|                    |   |  |
|--------------------|---|--|
| What is your name? |  |  |
|--------------------|---|--|

|                    |   |  |
|--------------------|---|--|
| Where do you live? |  |  |
|--------------------|---|--|

Do you have someone who helps you?

|                                 |   |  |
|---------------------------------|---|--|
| What is their name?             |  |  |
| Do you know their phone number? |  |  |

|                             |
|-----------------------------|
| Tell us about what is wrong |
|                             |

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|---|
| Do you know how we could fix the problem? |
|   |