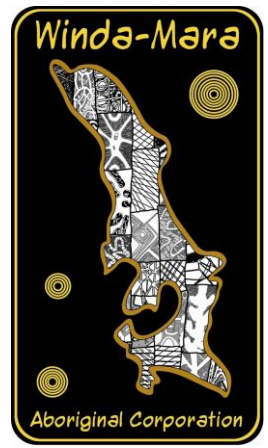


**Comments/Compliments/Complaints Form**

- ✓ *STEP 1 – Complete Page 1 of this document*
- ✓ *STEP 2 – Lodge this form with Winda-Mara*



21 Scott Street  
 PO Box 42  
 Heywood Vic 3304  
 Tel: 03 5527 0000  
 Fax: 03 5527 0009  
[www.windamara.com](http://www.windamara.com)  
[wmac@windamara.com](mailto:wmac@windamara.com)

**Details of person reporting the Comment/Compliments/Complaint (optional)**

**Name (optional):**.....

**Contact Tel/Mob/Email (optional):**.....

**Date Lodged:**.....

**Is this a**      **Complaint**        **Compliment**        **Comment**   

What do you feel Winda-Mara does well for the Community ?

.....

.....

**Details of your Comment/Compliments/Complaint, provide full details of situation that occurred, include as many details as possible such as Dates and Times persons involved:**

.....

.....

.....

.....

**How do you think this issue can be resolved or improved ?**.....

.....

.....

**What would you like to happen now ?**.....

.....

.....

**Signed (optional):**.....  
 (Person making the comment/complaint)

**Your Comment/Compliments/Complaint will be acknowledged in writing if you provide your details, if you only provide telephone details we will acknowledge receipt of comment/compliments/complaint by telephone. In the absence of contact details we will still process your comment/compliments/complaint.**

**Page 2 for Winda-Mara use only**

**Receipt of Comment/Compliments/Complaints**

**Date Received:** .....

**Acknowledgment sent:** Yes  No  In writing  or Telephone   
(Best Practice response is considered inside 48 hours and ongoing communication with client at least every seven (7) days)

**Date Acknowledgement Sent:** .....

**Complaints/Compliments Register Updated:** Yes  No

**Date referred to Unit Manager for investigation:/Action**.....

**Was Compliant/Compliment/Comments passed to appropriate persons/staff:**.....  
Name of Persons

**Investigation by Unit Manager**

**Provide details of your investigation/Action:** .....

.....  
.....  
.....

**Recommendations:** .....

.....  
.....  
.....

**Signed:** ..... **Date:** .....  
(Winda-Mara Unit Manager)

**Date returned to General Manager Operations for review and appropriate action:** .....

**Final Report completed by General Manager Operations:** Yes

**Complaint/Compliment Closed:** Yes  No

**If No specify further Action through Continuous Improvement Form #:** .....

**Signed:** ..... **Date:** .....  
(General Manager Operations)