

WINDA-MARA ABORIGINAL CORPORATION

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Q7

COMMENTS/COMPLIMENTS/COMPLAINTS FORM

v1.2, 18 January 2024

Name: _____ Date Lodged: _____

Phone: _____

Comment

Email: _____

Compliment

Complaint

**All information above is optional*

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

Provide full details of situation that occurred, include as many details as possible. (incl persons involved)

Date: _____ Time: _____

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

What would you like to happen now?

Signature (optional): _____ Date: _____

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.

