



Complaints and Feedback Form

All feedback we receive helps us to improve our services and better meet your needs.

Send completed form to: **Complaints and Appeals Officer**
PO Box 32, Welland SA 5007
Ph: 1800 551 814
Email: feedback@unityhousing.org.au

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|--|--|--|--|
| Which Unity service are you commenting on? | | | |
| <input type="checkbox"/> Boarding House | <input type="checkbox"/> Housing | <input type="checkbox"/> Other, please detail: | |
| Type of feedback? | | | |
| <input type="checkbox"/> Compliment | <input type="checkbox"/> Complaint | <input type="checkbox"/> Neighbour dispute | <input type="checkbox"/> Comment |
| What is the main issue you are commenting on? | | | |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Housing suitability | <input type="checkbox"/> Standard of housing | <input type="checkbox"/> Staff conduct |
| <input type="checkbox"/> Neighbour issues | <input type="checkbox"/> Service quality | <input type="checkbox"/> Centrepay deductions | |
| <input type="checkbox"/> Other, please detail: | | | |
| What do you want to tell us? (please attach extra pages if required) | | | |
| | | | |
| What do you think we should do? (please attach extra pages if required) | | | |
| | | | |
| Signed: | | Date: | |
| Name: | | | |
| Address: | | | |
| Phone number: | | Email: | |

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|--|----------------------|
| Office Use | |
| Received by: _____ | Date Received: _____ |
| <input type="checkbox"/> Entered in Kypera <input type="checkbox"/> Emailed to CAO | |