



Newtown Neighbourhood Centre
FEEDBACK/COMPLAINTS FORM

Date Received: _____ Received By: _____

Feedback Received By: Telephone Letter/Fax In Person Online

Other: _____

Feedback Received By: _____

Telephone: _____ Address: _____

1. Subject of Feedback or Complaint: (Attach extra sheets if needed)

Note: Attach any Letters, Faxes or Additional Notes.

2. Comments by relevant Staff Member/Volunteer regarding complaint:

Continued on other side

3. Action To Be Taken: _____

4. Outcome of Complaint: _____

5 a) Has letter been sent to Complainant, within 14 days, explaining what is being done to investigate and resolve their complaint? Yes No

5 b) If No, give reason: _____

6. Comments by Executive Officer: (Or Board Member if complaint is against Executive Officer)

Signature: Executive Officer/Board Member: _____

Position: _____ Date: _____

Date for Review of Complaint Outcome: (within 6 months) _____