

LLS Feedback & Complaints Form

Once completed, this form will be assessed by the Leadership Team

* Required

1. Date *



2. What is the purpose for using this form *

- Providing feedback
- Making a complaint

3. Please provide contact information for the person providing feedback or submitting a complaint. (leave blank if the person wishes to remain anonymous)

(Name, Phone Number & Email address)

4. Would you like to book a follow up appointment?

Yes

No

5. If you are completing this form for another person, please provide your name and what is your relationship to the person completing this form?

6. Describe the Feedback or Complaint *

7. **For complaints:** Have you tried to resolve the issue yourself? Please describe the actions taken to try and resolve the issue.

8. Do you believe that this feedback or complaint is an issue that requires immediate attention.

Yes

No

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms