



La Trobe Lifeskills Pty
Ltd
ABN 49 081 868 386
Head Office
14/9 Mirra Court
(PO Box 18)
Bundoora Vic 3083
Tel: 03 9948 7970
Fax: 03 9467 7450
Email: [info@life-
skills.net.au](mailto:info@life-skills.net.au)
www.life-skills.net.au

Lifeskills Complaints Form

Date:

Part A – Your details (the complainant)

- Title:.....First name:.....Last name:.....
- Address:.....
- Suburb:.....State/Territory:.....
- Postcode:.....Email:.....
- Mobile:.....Phone:.....

Part B – What is your complaint about?

- If you need assistance to participate in the complaints process, please explain the assistance you need:
.....
.....
- What happened?.....
.....
.....
- Signature:.....Date:.....
- Supporting documents – if any
- How do you think this complaint could be resolved?
.....
.....
.....

Respondent

- Name of person or organisation:.....
- Address:.....
- Suburb:.....
- State/Territory:.....Postcode:.....
- Email:.....
- Mobile:.....Phone:.....
- When did the alleged event(s) happen?.....
- What happened?
.....
.....
- Signature:.....Date:.....
- Supporting documents – if any
- How do you think this complaint could be resolved?
.....
.....
.....

• **OFFICE USE ONLY**

- Name of staff member handling complaint:.....
.....
- Action taken:
.....
.....
- Outcome:
.....
.....
- Information connected to complaint by
 - ☐ Meeting
 - ☐ Phone call
 - ☐ Letter/Email

Date Acknowledgement Letter Sent :.....

Referred to (for investigation) :.....

Date referred :.....Date returned to Administration :.....

Action to be completed for complaint :.....
.....
.....
.....

Date passed to CEO :.....Date returned to Administration :.....

Closing letter sent :.....Closing date for Complaint :.....

Date entered on DSC complaints register :.....

CI/CA number :.....

Preventative action to be completed :.....
.....
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