

# COMMENTS & COMPLAINTS FORM



## KOKATHA ABORIGINAL CORPORATION RNTBC (ICN 8093)

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Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Does this relate to an application to the Kokatha Charitable Trust? Yes  No

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

Comment  Complaint  *(please X appropriate box)*

Describe in detail and accurately the nature of your comment/complaint:

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Give the name of the person you first reported the comment/complaint to:

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# COMMENTS & COMPLAINTS FORM

Describe what actions can be taken in order to deal effectively with your comment/complaint:

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Describe what measures can be taken to avoid a repeat of your comment/complaint:

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Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Recorded by: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***\*\* Your comments/complaints would be much appreciated and valuable to the Corporation \*\****

## OFFICE USE ONLY

Action taken:

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_