

Complaint Form



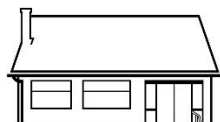
If you need support in completing this form, please contact us on **0800 828 746**.

Tell us about you

First name _____

Last Name _____

Address _____





Home phone: _____



Mobile phone: _____



Email: _____



Tell us about your complaint

Who are you complaining about?

Name of the whare

Name of the person (if the complaint is about a person)



When did it happen? or
Since when it is happening?

Write day and date or time period



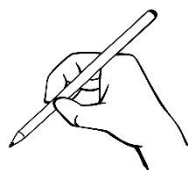
What would make you happy?
Tell us what you would like to happen.

Thank you, ngā mihi



You can post, or email this form to us.

Our contact details are:



Te Roopu Taurima
519 Great South Road, Otahuhu 1062
P O Box 22346, Otahuhu 1640



Email: complaints@terooputaurima.org.nz



Freephone: 0800 828 746



Website: www.terooputaurima.org.nz

Te Roopu Taurima acknowledges the Office of the Health and Disability Commissioner for allowing the use of their easy read resources in the development of this form.