Anonymous Complaint Record



Date and time occurred:	
Description of complaint:	
Description of desired outcon	nes / changes as a result of the complaint:
•	
Instructions for submitting co	mplaint:
Email to: enquiries@last.care	<u>Post to:</u> PO Box 620 Aitkenvale, QLD 4814

Version 1.0	Page 1 of 1
Revised 08/04/2023	https://lastownsville.sharepoint.com/sites/Operations/Documents/QMS/CENTRO Document Register/CM2 - Governance & Ops/Anonymous
	Complaint Record Form.docx