



Complaint/Negative Feedback form

Purpose of form

This form can be used to provide feedback to Respect Inc or to lodge a complaint. If a complaint does not include the details of the person making the complaint, no written follow up will be produced. However, it will be recorded and processed for use within evaluations of staff and/or program/s.

We encourage people, in particular sex workers to provide contact details (e.g. work name and phone number or email address) so that we can give details of action taken as a result of their complaint.

This form or an outline of what the complaint/feedback can be emailed to mc@respectqld.org.au, posted or faxed with Attention to the Management Committee. Details of the complainant will remain confidential within the Management Committee and Staff of Respect Inc.

Positive feedback and can be provided in writing to the above email address also.

Personal details:

Date: Name of complainant:

Contact ph no: Email:

Incident details:

Name of respondent:

(Person against whom the complaint is lodged or the name of the service being complained about)

Position or Region:

The problem:

Incident/s (dates, times, locations, behaviours):

Was the complaint reported at the time? Yes No

Brisbane	Townsville	Cairns	Gold Coast
28 Mein Street Spring Hill Q 4000 07 38351111	118a Charters Towers Road Hermit Park Q 4812 07 47244853	7/24 Florence Street Cairns City Q 4870 07 40515009	4 Bay Street Southport Qld 4215 07 56570857



www.respectqld.org.au
info@respectqld.org.au

ABN 47 552 535 661
Certificate of Incorporation IA37574

If so, to whom?

Date:

What action was taken if known?

Witnesses to incident/s (if any):

Name:

Contact ph no:

Name:

Contact ph no:

Please sign and date the declaration below (if emailed, the email address will act as an electronic signature):

The above details are a true and accurate record of events. I have kept a copy of this complaint and understand the timeframe/s involved in investigating this complaint and the need to maintain confidentiality concerning it.

Signature:

Date:

Name:

(Person making the complaint)

Office use

Report received by

Person taking the complaint:

Date:

Contact ph no:

Position:

Signature:

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