



Negative experiences are better dealt with and resolved

This form is for events or issues that were negative and have impacted badly on you or your whanau

My feedback is about...

- Treatment
- Staff/Personnel
- Processes

Other

The date the event occurred was...

Please indicate as close to event as you can remember

Time

Day

Month

Any staff involved

The details

Write on back of form if required

My contact details

NOTE: We cannot proceed with any complaints without your details

Full Name

Email

Phone

Please select your preferred method for contact