

Community Accommodation & Support Agency Inc.
External Persons Complaint Form Relating to Clients in
CASA Managed/Owned Accommodation

Notifier's details			
Title <input type="checkbox"/>	First Name	Last Name	
Street Address:		Suburb	
Contact Phone Number (Home, Mobile or both)			
Email			
Was there a witness to the alleged incident that resulted in you lodging this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to above question Is this person/s related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Relationship:			
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	First Name	Last Name	
Address		Contact Phone number	

COMPLAINT DETAILS

Please provide details of where the incident occurred that caused you to lodge this complaint (please provide exact location)

Date	
Day	
Time	
Location where incident occurred <i>Include address where the tenant of CASA resides.</i>	

Describe the specific location where the situation occurred that relates to your complaint
(eg in the backyard of your home, in the yard or home of the residence occupied by the person you are lodging the complaint, in the community or at a meeting etc)

Describe what occurred that has caused you to lodge this complaint
Provide as much information as possible for instance what has or may have been occurring
Examples relating to a CASA tenant, occupants of the home and/or their visitors :
 (a) Verbally or physically abused you or a member of your family
 (b) Unacceptable language being used (State words and frequency of use)
 (c) Concern for people living in the home (especially children).

Did you call the Police to lodge an official complaint Yes No

Did the Police attend Yes No

Did you receive a QPS number?, if so, please provide the number here:

How to lodge this form

- (1) Mail to CASA Inc, PO Box 551 Mackay Qld 4740.
- (2) Drop the forms personally into the CASA office at Unit 4, 54 Gregory Street Mackay
- (3) Email to admin@casamackay.org.au

OFFICE USE ONLY

Report received by:		On	/ /
Action completed	/ /	By:	
Signature:		Date:	/ /