



**PORT LINCOLN ABORIGINAL
HEALTH SERVICE LTD.**

PLAHS Complaint Form

Your Details:

Name:

Phone:

Email:

Address:

Details of your complaint:

What happened?

Who was involved?

Where it happened?

Your main concern(s)

Please attach another page if necessary and add any evidence.

What do you want to happen?

Depending on the details of your complaint, we may be able to facilitate an explanation, apology, policy change, etc.

Send your Complaint to us.

Email: admin@plahs.org.au

Phone: 08 86830162

Post: PO Box 1583, Port Lincoln SA 5606

OR make an appointment to talk with the CEO

Your will receive acknowledgement of your complaint within 24 hours of PLAHS receiving it. Within 14 days you will receive a response from PLAHS.

Signature:

Date: