



Complaint Form

Reference number: _____

We use this form to record complaints about Brook RED services or operations. Please complete this form and send it by email or post:

Email: feedback@brookred.org.au

Address: 88 Norton Street, Upper Mount Gravatt Q4122

Or give it to any Brook RED employee who will then forward it to feedback@brookred.org.au

All complaints are logged in the Complaints Register. Please refer to the current Complaints Policy and Complaints Procedure for more information.

Date _____

Your personal information

This information is optional, but if you would like us to follow up with you about your complaint, please tell us how to contact you.

Name _____

Postal address _____

Telephone _____ Email _____

Your complaint

Please tell us about your complaint. It may be useful to include what happened, when and where it happened, and who was involved. If you need more space, please feel free to attach additional pages or documents with this form.

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What are the main issues that you are concerned about?

Is there a particular resolution or outcome that you would like to see in response to this complaint?

If you are unsatisfied or wish to escalate a complaint, you can contact The Office of the Health Ombudsman by calling 133 OHO (133 646), emailing complaints@oho.qld.gov.au, or visiting www.oho.qld.gov.au/make-a-complaint/ for further information.