



FEEDBACK FORM

We are committed to communicating openly and honestly and welcome any feedback you may have about our services as it helps us to understand how we can improve.

To share your feedback, please complete the form below and return to:

Email: qualityassurance@ccsgroup.com.au

Mail: Level 4, 10 Park Road, Hurstville NSW 2220

* Indicates mandatory fields

1. Your details:			
* Title	* First Name		
* Surname			
* Date of Birth	* Reference Number		
* Postal Address			
	State	Postcode	
* Preferred contact number			
* Email			
* Preferred contact method	<input type="radio"/> Email	<input type="radio"/> Phone	
2. Authorised representative			
Only complete this section if you choose someone to act on your behalf in dealing with us.			
Title	First Name		
Surname			
Organisation name (if applicable)			
Relationship to you			
Postal address			
	State	Postcode	
Preferred contact number			
Email			

3. Feedback details

* Type of feedback Compliment Suggestion Complaint

* What is your feedback about?

4. How can we help?

This section is completed for complaints only

Have you previously raised this issue with us?

Provide as many details as you can such as reference number and method of contact.

What do you think is a fair and reasonable outcome for your complaint?

Attach a copy of any supporting documents that will assist our investigation of your complaint.