



Community Visitor Program

## Complaint Form

### Question 1

Your Name: \_\_\_\_\_

Your Postal Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Question 2

If you are making the complaint on behalf of another person, what is his or her name?

\_\_\_\_\_

### Question 3

If you are complaining about a person, what is his or her name?

\_\_\_\_\_

Where does the person work? \_\_\_\_\_

If you are complaining about a service, what is the name of the service?

(ie TEMHS or CAMHS) \_\_\_\_\_

### Contact the Community Visitor Program

*Phone*

(08) 8999 1451

*Fax*

(08) 8981 3812

*TTY*

(08) 8999 1466

*Freecall*

1800 813 846

*Location Address*

7<sup>th</sup> Floor, 9 – 11 Cavenagh Street, Darwin

*Postal Address*

LMB 22 GPO DARWIN NT 0801

*Email*

[CVPProgramADC@nt.gov.au](mailto:CVPProgramADC@nt.gov.au)

*Website*

[www.cvp.nt.gov.au](http://www.cvp.nt.gov.au)



Community Visitor Program

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# Details

A series of horizontal dotted lines providing space for notes or details.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_