Cairns Psychology Group

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Children Complaint Form

We want you to feel safe and happy here!

If something worries you, makes you feel unsafe, or you are not happy with how you were treated, please use this form to tell us. You can also ask an adult to help you.

Remember:

- You will **not get into trouble** for telling us.
- We will **listen to you** and try to help.
- If you want, you can also call **Kids Helpline** at 1800 55 1800.

Your Name (if you want to tell us): _____
(You can leave this blank if you want to stay anonymous)

Today's Date: _____

What happened? (You can write, draw, or ask someone to help you fill this in)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

How did this make you feel?

☐ Sad
☐ Angry
☐ Worried
☐ Scared
☐ Other: _____

What would you like us to do to help?

☐ Talk to me about it
☐ Talk to my parent or carer
☐ Make sure this doesn't happen again
☐ Other: _____

For Staff Use Only
Complaint received by: _____
Date received: _____
Action taken: _____