

## Te Aroarotea Complaints Form

Date: \_\_\_\_\_

Complaint Reference Number (if applicable): \_\_\_\_\_

### Complainant Details

- Full Name (optional): \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Address: \_\_\_\_\_

### Complaint Details

- Date of Incident: \_\_\_\_\_
- Location: \_\_\_\_\_
- Description of Complaint:  
*(Please provide as much detail as possible, including what happened, who was involved, and any relevant circumstances.)*

### Supporting Evidence

*(Attach any documents, photos, or other evidence relevant to your complaint.)*

Yes  No

### Desired Outcome

*(What would you like to see happen as a result of this complaint?)*

**Declaration**

I confirm that the information provided is accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_