

## TIMEFRAME FOR A RESPONSE

We value your feedback we will strive to acknowledge your complaint as soon as possible.

Your feedback either positive or negative is greatly valued by our organisation.

It provides us with further opportunities to continuously improve our services. Most complaints will be resolved within 14days

## COMPLIMENTS

We value your feedback and would love to hear about your positive experiences in accessing our services.

You can make your compliment in person, in writing, or by phone.

## SERVICE TIMES



Monday to Friday

9am to 12.30

1pm to 4.30pm

41 to 43 Parramatta Rd

Annandale

## CONFIDENTIALITY

Staff involved in complaints handling are required to treat all information as confidential.

Your name/s and any other identifying information will only be provided to managers involved in managing the complaint.

You can make a complaint and not provide your name, if you wish to do so.

However, this does limit our capacity to investigate the complaint.

Your privacy will be protected at all times and will not jeopardise any service you may require.

Complaints will not be disadvantaged or discriminated against by making a complaint

## COMPLAINTS

We want to ensure that an efficient, fair and accessible way exists for dealing with complaints.

Complaints can be made in person, in writing or by phone.

Wherever possible complaints should be resolved directly with the staff or the Executive Director.

# SERVICE COMPLAINTS

Contact us on  
**9519-7599**



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**9519-7599**

GENDER CENTRE

# HAVE YOUR SAY COMPLAINTS & COMPLIMENTS FORM

## We want to hear from you

You can provide your feedback by completing the form on this brochure.

Either submit the form at the office where you receive your service or mail it to the address listed below

If you are dissatisfied with the way we have managed your complaint you can contact the Board of The Gender Centre Inc by emailing the

Secretary on  
[secretary@gendercenter.org.au](mailto:secretary@gendercenter.org.au)

## Contact us

**The Gender Centre Inc.**

**P O Box 266**

**Petersham NSW 2049**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact phone** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Your Comments please**

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