

<input type="checkbox"/>	I want to make a Compliment.
<input type="checkbox"/>	I want to make a complaint.
<input type="checkbox"/>	I want to Appeal a decision.

Compliments, Complaints and Appeals Form

Full Name *

Address *

Email Address

Contact Number

Please enter at least **one** contact method

Feedback type: *

- Compliment
 Complaint
 Appeal
 Unsure

Please provide details about your experience

Would you like HFHA to arrange an interpreter? Yes / No

Language: _____

HFHA's Privacy Policy describes how personal information about you is collected, stored, shared to external parties and discarded in accordance with NSW Privacy Act 1988.