



AFAP Complaint Form

The purpose of the AFAP Complaint form is to provide a mechanism for both staff and the general public to voice their complaint(s) to AFAP.

Upon descretion of the information, the form will be circulated to the Executive Director and/or Office Manager.

Date Complaint made:	
Name of person making complaint: Contact Details: Relationship with AFAP: <input type="checkbox"/> AFAP Staff/Board <input type="checkbox"/> AFAP Partner- specify name <input type="checkbox"/> AFAP Member <input type="checkbox"/> Public <input type="checkbox"/> Beneficiary- specify project/partner Other:	
Complaint: <i>(please specify specific persons involved, date and time)</i>	
Other additional information:	

Please send this form to AFAP via: Fax: +61 2 9436 4637 Email: info@afap.org

Or telephone in your complaint on +61 2 9906 3792