

**Indochinese Aged Care Services**  
**印支高齡服務中心**  
**Complement and concern form**

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Detail of receipt of complement/concern

Date of complement/concern : \_\_\_\_\_ Time: \_\_\_\_\_

Complement/concern received by: \_\_\_\_\_

Method by which complement/concern made:

phone     in person     letter     Email

Detail of the person making the complement/concern:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Details of complement/concern \_\_\_\_\_

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