**Complaint Form**

|  |  |
| --- | --- |
| **Name of person making complaint:** | **Please mark:** |
| Click here to enter text. | Staff  Support Worker  Family  Public  Volunteer |
| **Name of the person filling out this form:** | **Date of complaint:** |
| Click here to enter text. | Click here to enter a date. |

**\* Attach any written communication relating to this complaint.**

**\* This form is to be kept in the complaints register folder.**

**ADVOCACY**

**Does the family or participant wish to use an advocate in relation to the matter?** Yes / No

**Has the family or participant been provided with information relating to advocacy options?** Yes / No

**Advocate Name:** Click here to enter text.

**Contact Details:**

**Address:** Click here to enter text.

**Phone No:** Click here to enter text.

**Relationship of advocate to the family or participant:**

**Carer  Friend  Advocacy Organisation**

**Details of the Complaint –** from the complainant’s perspective:

Click here to enter text.

Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Complaint:**

**Routine  Serious**

**Who was the complaint made to?**

Click here to enter text.

**Who is handing the complaint:**

Click here to enter text.

**Actions Taken / Decisions Made:**

Click here to enter text.

**Was the complainant verbally informed of actions and decisions in relation to this complaint?**

**Yes  NO  Date:** Click here to enter a date.

**Was the complainant informed in writing of the actions and decisions in relation to this complaint?**

**Yes  NO  Date:** Click here to enter a date.

**How satisfied was the complainant with the outcome?**

**Fully  Mostly  Partially  Not at all  Unknown**

**How satisfied was the complainant with the way the complaint was handled?**

**Fully  Mostly  Partially  Not at all  Unknown**

**Additional information:**

Click here to enter text.

Updated September 2014