

Complaints, Concerns and Feedback Form

To be completed by the person lodging the form. If assistance is required please contact your Case Manager, General Manager or a Management Committee Member.

Date form received: <input style="width: 100%; height: 20px;" type="text"/> Complaint received by: <input style="width: 100%; height: 20px;" type="text"/> Form made via: Phone: <input style="width: 40px; height: 20px;" type="text"/> Letter: <input style="width: 40px; height: 20px;" type="text"/> In person: <input style="width: 40px; height: 20px;" type="text"/> Other: <input style="width: 40px; height: 20px;" type="text"/>	Person lodging the form: Client: <input style="width: 40px; height: 20px;" type="text"/> Home Care Employee: <input style="width: 40px; height: 20px;" type="text"/> Office Staff Member: <input style="width: 40px; height: 20px;" type="text"/>	Registered Number **Number must correspond with the number on the complaint register	Form No: <input style="width: 100%; height: 20px;" type="text"/>
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Part A (to be completed by person lodging form):

Name of person lodging form:

Address of person lodging form:

Address second line (optional):

Contact number/s of person lodging form:

Name of person(s) involved with complaint, concern or feedback:

Name of person who the form is to be submitted to:

Is this application regarding a:

Complaint	Yes		No	
Concern	Yes		No	
Feedback	Yes		No	
Harassment and/or Bullying	Yes		No	
Assault, Neglect and/or Abuse?	Yes		No	
Criminal action	Yes		No	
If 'Yes' you must immediately report the matter to the Manager				
Other:	Yes		No	

Describe complaint, concern or feedback:

Outline your attempt(s) to resolve the matter:

What is required to resolve the matter to your satisfaction:

Name of person submitting this form: Signature:

Date:

Approved Course of Action (attach additional file notes if required):

Name:	Signature:	Date:

Further Action Required? Yes / No (if yes attach file note with details)

Complaint, concern or feedback forwarded to Manager	<input type="checkbox"/>	Date:	<input type="text"/>
Complaint, concern or feedback forwarded to Management Committee (as required)	<input type="checkbox"/>	Date:	<input type="text"/>
Other named parties informed of complaint, concern or feedback	<input type="checkbox"/>	Date:	<input type="text"/>

Was an advocate or representative present during the formalising of this complaint, concern or feedback? Yes | No If Yes, please provide name and contact details of the advocate.

Name:

Signature:

Date complaint, concern or feedback closed: