

COMPLAINT FORM

This form is to assist you in making a complaint to our organisation. If you feel unsure about anything or would like help to complete this form, please speak to the Receptionist.

If you would prefer to make a verbal complaint you can ask to speak with the Manager or a staff member of your choice.

You can have an advocate or a support person to help you at any point in the process.

Please allow a maximum of two weeks for a response.

All information is strictly confidential.



Personal details

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name: Mr/Mrs/Miss/Ms _____

Postal Address: _____

Postcode: _____

Email: _____

Phone No: _____

Mobile: _____



Details of the complaint

Is the complaint related to:

☐ Employee/volunteer

Details _____

☐ Service delivery

Details _____

☐ Facilities

Details _____

☐ Other

Details _____

What happened?

Where it happened?

When it happened? (Include date if possible)

Who was involved? (List all persons involved and witnesses)

Any other relevant details:



Have you discussed the matter with the person/s involved?

Yes ☐ No ☐

If yes, what was the outcome, if any?

If no, is there any reason/s that you cannot do so? Do you need help to do this, e.g. for safety reasons, cultural reasons?



How would you like to see your complaint resolved? What action would you like the organisation to take to resolve your complaint?

Please sign and date this form.

Signature: _____ Date: _____

OFFICE USE ONLY

Date:	Action taken:	Signature:

Date:	Resolution reached:	Signature:

☐ Management Committee notified on ____ / ____ / ____

Does the funding body need to be notified?

☐ Yes

☐ No