

COMPLAINTS FORM

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| **Type of Complaint**  Please tick the main type/s of issue/s your complaint relates to: | | | | | |
| Privacy Issues |  | Staff Conduct |  | Financial Misconduct |  |
| Policy/Program Non-Compliance |  | OH&S Issues |  | Cost of Services |  |
| Types of Service |  | Access and Equity |  | Staff Skills & Qualifications |  |
| Program Content and Structure |  | Program Information, Publicity or Advertising Material |  | Other |  |

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| --- |
| Date: Time: |
| **Personal Details/Complainants parent/carer details (if they are under 18)** |
| Name: |
| Age: |
| Gender (please circle): Male Female Non-Binary/Other |
| Do you Identify as Aboriginal or Torres Strait Islander? (please circle): Yes No |
| Address: |
|  |
| Ph: (Home) |
| Ph: (Work) |
| Email: |
| Who is the complaint against: Organisation*I*Program/Individual (please circle) |
| Name of Organisation/Program/Individual: |

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| Summary of Complaint (What happened? Who was involved? When and where did it happen?) |
| Action you want taken: |
| Preferred Method of Communication: |
| Signature: |
| Date: |

Return completed forms to Reception or other Staff member, or place into the  
Complaint/Suggestions box located at Reception. Staff will upload to IonMy.

For Office Use Only

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| Check list |
| * Has the complainant received an acknowledgment that their complaint has been received (either verbally or in writing)? |
| * Has the complainant been provided information about referring their complaint to an external body and how they will be supported to do so? |
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| Detail any initial action/s taken (if applicable): |

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| What is the priority level of this complaint? **1 2 3 4 5** |
| Does the complaint indicate the possibility of criminal conduct?   * Yes ☐ No ☐Unsure |
| Is a mandatory child protection report required? [if applicable]   * Yes ☐ No ☐Unsure |
| Does the complaint involve a reportable allegation/incident? [if applicable]   * Yes ☐ No ☐Unsure |
| What are the risks involved in the complaint handling process, and the likelihood of these risks occurring? |
| Is the desired outcome realistic? Will it have to be managed, and if so, how? |
|  |

Staff Sign off:

Name:

Date:

* This document has been entered into IonMy.