



Complaints Record Form

To be completed by the Manager.

Date of Complaint.....

Complaint received by.....

Complaint made via

- Telephone
- Letter (attached)
- In Person
- Other.....

Subject of Complaint.....

.....

Details of complaint should be written on the next page. If there is insufficient space, attach extra sheets.

INFORMATION TO BE GIVEN TO THE COMPLAINANT:

- Reassure complainant that all complaints are treated confidentially and that they will suffer no retribution because they have made complaint.
- Explain Rockhampton 60 & Better Programs complaints procedure.
- Remind the complainant that they have a right to use an advocate of their choice and refer them to the appropriate consumer advocacy services.
- Thank the complainant for their complaint and explain complaints are valuable in helping this organisation to maintain and improve its service provision.

Details of Complainant

Name.....

Address.....Phone

Detail of Complaint

.....

.....

Comments.....

.....

Action to be taken.

.....
Outcome:

.....

.....

Follow-up.....

.....

.....

Signed:

Manager.....**Date**

Participants details if different from complainant.

Name.....

Address.....

Phone**Relationship to Complainant**

Advocates Details:

Name.....

Address.....

Phone

Advocates Relationship to Complainant.