

COMPLAINT FORM

1. PERSON RAISING COMPLAINT

Name:	
I am a (select most appropriate):	
<input type="checkbox"/> Person Accessing Service <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Advocate <input type="checkbox"/> Other Agency <input type="checkbox"/> Other specify:	
Agency Name (as applicable):	
Mailing Address:	
Contact Details:	
Email Address:	
Signature:	Date:
Where different to above, Report Written By	
Name:	
I am a (select most appropriate):	
<input type="checkbox"/> Interact Staff Member <input type="checkbox"/> Other Agency <input type="checkbox"/> Other specify:	
Agency Name (as applicable):	
Mailing Address:	
Contact Details:	
Email Address:	
Signature:	Date:

2. IN RELATION TO

<input type="checkbox"/> Discrimination	<input type="checkbox"/> Assault / Abuse / Exploitation	<input type="checkbox"/>
<input type="checkbox"/> Bullying / Aggression	<input type="checkbox"/> Activity / Service Operations	<input type="checkbox"/>
<input type="checkbox"/> Sexual / Harassment	<input type="checkbox"/> Other (Specify):	<input type="checkbox"/>

3. COMPLAINT DETAILS



4. PERSON'S EXPECTED OUTCOME

What the person raising complaint would like to see happen

5. FURTHER INFORMATION



OFFICE USE ONLY

6. COMPLAINT RECEIVED VIA

<input type="checkbox"/> In Person	<input type="checkbox"/> Telephone
<input type="checkbox"/> In writing	<input type="checkbox"/> Other (specify):

Reported to	<input type="checkbox"/> Direct Manager – Name:
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1. Please email a copy of the completed form to your Direct Manager for action

7. DIRECT MANAGER DETAILS

Direct Manager Name	Position
Signature	
Contact Details	
Day, Date & Time of Complaint being received	
Manager Comments	

8. CLASSIFICATION

<input type="checkbox"/> PRIORITY 1 - URGENT	<input type="checkbox"/> PRIORITY 2 – NON URGENT
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Priority 1 – response required within 3 days Priority 2 – response required within 2 working weeks
Email form to Quality & Compliance Mgr immediately

Does this complaint come from a client / participant that is funded by Disability Services Victoria?	
<input type="checkbox"/> Yes – email a copy to the State Manager (Vic)	<input type="checkbox"/> No

Assigned Complaints No.	
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Number assigned by Quality & Compliance Manager

9. COMPLAINT SUMMARY

10. PERSONS TO BE INTERVIEWED/CONSULTED



11. REVIEW FILES/DOCUMENTS

12. INVESTIGATION NOTES

13. ACTIONS TAKEN/OUTCOMES

- Complaint:
- Resolved satisfactorily
 - Partly resolved
 - Unresolved

<input type="checkbox"/> Complaint – Complaint notified – letter sent date:	
<input type="checkbox"/> Complaint – Respondent notified – letter sent date:	
<input type="checkbox"/> Complaints Register updated	
<input type="checkbox"/> Online Report to Victoria Disability Services Commissioner (Only required if client / participant is funded by Disability Services Victoria)	
Direct Manager Name:	
Signature:	Date:
Quality and Compliance Manager Name:	
Signature	Date:

Email a copy of the completed form to the Quality & Compliance Manager for action

