



## COMPLAINTS RECORD FORM

Receipt of complaint			
Date Received		Date acknowledge	
Received by whom:		Received by verbal/writing:	
INFORMATION TO BE GIVEN TO THE COMPLAINANT			
<ul style="list-style-type: none"> <li>• All complaints are treated confidentially, they have the right to support person of their choice.</li> <li>• They will not be disadvantaged because they have made a complaint.</li> <li>• A copy of the Complaints and Comments Brochure</li> <li>• Explain that complaints are valuable in helping to maintain and improve the service</li> </ul>			
Complainant details			
Name			
Address			
Telephone contact			
Alternate contact (e.g. Family member/advocate)			
Complaint Details			
Date problem occurred			
Complaint/Concern	Policy or Procedures	Program or Service	Person
Nature of complaint (Attach relevant details)			
What the complainant wants			
Out Come and Action (agreement, partial agreement, no agreement, referred, declined)			
Date final communication with complaint    /    / 20    Approved by (signature)			