



Client Complaint Form

This form is to assist you in making a complaint to our organisation.

All persons wishing to make a complaint can speak with the COO, a director or staff member of choice, or can choose to complete this form.

All information is strictly confidential.

If you feel unsure about anything or would like help to complete this form, please speak to the Administration Officer or staff member you feel comfortable with.

We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response.

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: _____

Have you lodged a complaint with our organisation before?

Yes The matter was resolved The matter was not resolved

No Comments: _____

Is there someone else (legal representative or support person) that you would like involved in making this complaint?

Yes No

Name of legal representative/support person _____

Postal Address _____

Phone: _____ E-Mail: _____

Details of the complaint

Is the complaint related to:

Employee of the organisation Details _____

Service delivery Details _____

Facilities Details _____

Specific incident Details _____

What happened?

What happened directly before/ what led to this happening?

Where did it happen?

When did it happen? (Include date if possible)

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

Did someone witness the incident? Yes No

If yes, would they be willing to be contacted regarding your complaint? Yes No

If yes, please provide their name and contact details below. (Inform the witness that they may be contacted by the organisation to discuss the matter.)

Any other relevant details:

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

Yes No

If yes, what was the outcome, if any? Please attach a copy (not the original) of your complaint to the respondent and any letter of reply you have received.

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? Yes No

If yes, please outline below:

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

Additional information/supporting documentation

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g., if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the complaint.

To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can.

Please sign and date this form.

Signature: _____

Date: _____