

COMPLAINTS FORM

(This form is to be completed by the consumer, advocate or coordinator)

NAME OF SERVICE
-----NAME OF CONSUMER
-----DATE OF COMPLAINT
-----COMPLAINT RECEIVED BY

COMPLAINT MADE VIA:

 Telephone Letter (attached) In personOther
-----**The Complaint is regarding:**NAME OF SERVICE
-----NATURE OF COMPLAINT

Details of the Complaint should be written on the next page. If space is not sufficient please attach extra sheets.

INFORMATION TO BE GIVEN TO THE COMPLAINANT

- * Reassure complainant that all complaints are treated confidentially and that they will suffer no loss of service because they have made a complaint.
- * Explain the complaint procedure.
- * Remind the complainant that they have the right to use an advocate of their choice and refer them to appropriate consumer advocacy services.
- * Thank the complainant for their complaint and explain that complaints are valuable in helping to maintain and improve services.

NAME OF SERVICE

NAME OF CONSUMER

NAME OF COMPLAINANT

ADDRESS

PHONE

RELATIONSHIP WITH CONSUMER

DETAILS OF COMPLAINT

COMMENTS

NAME OF SERVICE

NAME OF CONSUMER

ACTION TO BE TAKEN

OUTCOME

FOLLOW-UP

Signatures

COMPLAINANT

PROJECT COORDINATOR

DATE

DATE

NAME OF SERVICE

CONSUMER'S DETAILS (If different from complainant)

NAME

ADDRESS

PHONE

RELATIONSHIP TO COMPLAINANT

CARER'S DETAILS (If different to complainant)

NAME

ADDRESS

PHONE

RELATIONSHIP TO COMPLAINANT

ADVOCATE'S DETAILS (If relevant)

NAME

ADDRESS

PHONE

RELATIONSHIP TO COMPLAINANT
