

Please indicate which of the following is most accurate:

Feedback

Complaint

Other? Please specify

Person completing this form (please tick appropriate box)

Customer

Complaint from Government Agency

Support Person

Staff member, please specify including full name and position

Representative

Other, please specify

Complainant Details

Date lodged

Full Name

Residential Address

City

Postcode

E-mail

Country

Contact No.

Preferred Contact Method

E-mail

Phone

Mail

Do you require one of the following?

Advocate

Interpreter (please specify language)

Which service does this apply to?

Aged & Disability Care Service

Community Engagement

Children Services

Multicultural Communities

Youth Services

Other: (General Complaint)

Please indicate which CORE location is involved with this complaint?

Type of feedback/complaint?

Privacy issues

Staff conduct

WHS issues

Type of service

Access & Equity

Staff skills & qualifications

Service delivery

Policy/program non-compliance

Other, please specify

Complaint details

Have you discussed this with a staff member?

No, please specify the reason why

Yes, please specify the staff member

Please provide additional information on the outcome of the conversation

What would be your preferred outcome and how do you think this complaint can be resolved?

INTERNAL USE ONLY

Received by

Received on

Allocated to

Received on

Action Taken or Required

Has this been added to the Feedback and Complaints Register?

Yes

No

Date Action Completed

Signature