

Complaints/Feedback Form

1. Your Contact Details

Family Name: Given Name:

Organisation:

Address:

Suburb: Post Code:

Phone: (hm) (wk) (mobile)

2. Are you a...(please tick box)

Children's Service Individual Other Stakeholder Contractor

Other (Please specify)

3. Is the feedback or complaint about an action of...(please tick box and give details)

An Inclusion Professional

Administration personnel

Other

4. Have you discussed your matter with a person the complaint is addressed at?

Yes No – go to Question 5

If yes when? Who dealt with the matter?

What was the result?

5. Please give details of your feedback or complaint and the outcome you are seeking. Please provide all relevant details (You should normally complain within three months of the event concerned). You may wish to attach further documentation.

Date:

Signature:

FOR OFFICE USE ONLY

Complaint/Feedback Action Taken

Acknowledgement letter sent

Date:

Manager Signature:

Date:

Name of Manager:

If not resolved within 5 business days: CEO advised

Date:

ACTION TAKEN:

Managers/CEO Signature:

Date:

Name of Manager:

REVIEW: Once process is completed, review details of complaint with a view to incorporating improvements:

RECOMMENDED IMPROVEMENTS:

Managers Name & Signature:

Date: