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| --- |
| Name and contact information : Date: |
| Tick reason form is to be used for: Complaint 🞏 Feedback 🞏 |

**Section 1**

Provide full details of complaint or feedback (i.e. date, time, place, people involved, background information, etc.)

Have you provided this complaint/feedback to us before? To who? Can you remember when?

**Section 2**

What outcome(s) are you seeking from this complaint/feedback?

The information provided is true and accurate

Signed: Date:

**Section 3 Internal Use Only**

Action(s) to be taken to resolve complaint or feedback:

Who:

When:

**Section 4**

Outcome(s) from action(s) taken:

Was the complaint resolved Yes 🞏 No 🞏

If No, detail any follow up actions

**Section 5**

Detail date and outcome provided to the person who complained?

When the complaint has been resolved, please attach copy of details of email or letter provided to complainant and store in complaints file.

Signed: Date:

Signed: Date:

**DHHS Standards:**

Standard 1Empowerment, 1.1, 1.2.

Standard 2 Access and Engagement, 2.1,2.2

Standard 3 Well-being,3.5

**NDIS Standards:**

Standard 1- Rights

Standard 4 – Feedback and Complaints

Standard 5 – Service Access

Standard 6 – Service Management