



COMPLAINTS, CONCERNS AND COMPLIMENTS FORM

DATE	
ENTITY THE COMPLAINT IS AGAINST	<input type="checkbox"/> 121 Care <input type="checkbox"/> Colville Lodge <input type="checkbox"/> Winston House <input type="checkbox"/> Guardian Group <input type="checkbox"/> Suncoast Integrated Therapies

Part A (to be completed by person lodging form):

Date:

Name of person lodging form:

Address of person lodging form:

Address second line (optional):

Contact number/s of person lodging form:

Name of person(s) involved with complaint, concern or feedback:

Name of person who the form is to be submitted to (if known):



Is this application regarding a:

Complaint	Yes		No	
Concern	Yes		No	
Feedback	Yes		No	
Harassment and/or Bullying	Yes		No	
Assault, Neglect and/or Abuse?	Yes		No	
Criminal action	Yes		No	
Other:	Yes		No	

Describe complaint, concern or feedback: (use a separate sheet of paper if more room required)

Outline your attempt(s) to resolve the matter:



[Empty rectangular box]

What is required to resolve the matter to your satisfaction:

Part B - Office use only

Date received:

[Empty rectangular box for date]

Received by:

[Empty rectangular box for name]

Chief Executive Officer notified:

Yes No

Date:

[Empty rectangular box for date]

Investigation by management member (attach additional file notes if required):



Outcome of investigation (attach additional file notes if required):



Recommended Course of Action (attach additional file notes if required):

Approved Course of Action (attach additional file notes if required):



Further Action Required? Yes / No (if yes attach file note with details)

Outcome of investigation forwarded to General Manager

Yes |
No

Date:

Complaint, concern or feedback forwarded to Management Committee (as required)

Yes |
No

Date:

Other named parties informed of outcomes of complaint, concern or feedback

Yes |
No

Date:

Was an advocate or representative present during the formalising of this complaint, concern or feedback? Yes | No If Yes, please provide name and contact details of the advocate.

Name:



Signature:

Date complaint, concern or feedback closed:

VERSION	DATE OF NEXT REVIEW	OWNER
4	31/12/2021	Quality Manager
PROCEDURE REFERENCE	GOV-PRO-003	
FORM NUMBER	2-GOV-003-010	