

APPENDICE Q

CatholicCare

AGENCY FORM: CLIENT AND SERVICE COMPLAINTS

1. Complete this form
2. Provide a copy of this form to the Complaints On-line Administrator when the complaint is **received** and when the complaint has been **resolved** as per the Client and Service Complaints Procedure.
3. File this completed form with your Director.

Date Entered on On-line Register ____/____/____

Reference ID No. _____
(ID No. can be found on Complaints On-line Register)

DETAILS OF PERSON MAKING COMPLAINT:

Name: _____

Client
 Carer/Advocate
 Other, Please specify: _____

Address: _____

Post Code: _____

Phone: _____ **Mobile:** _____

Program: (If applicable) _____

Do they wish to remain anonymous? Yes No
 Do they require an advocate? Yes No
Do they require an interpreter? Yes No

COMPLAINT DETAILS:

Name of Person Receiving Complaint: _____

Date Complaint Received: _____ Written Phone In person

Nature of Complaint: _____

What is the desired outcome or likely final result the complainant is seeking? _____

Immediate Action Taken to Address Complaint: _____



	Yes	No
If the complaint involves a child has the complaint been referred to the Child Protection Officer (CPO)? <i>(Note: a child is a person under the age of 18 yrs)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If the complaint is of a criminal nature has it been referred to the NSW Police and investigation of this complaint ceased?	<input type="checkbox"/>	<input type="checkbox"/>
Is further action required to resolve the complaint? <i>(If Yes, please continue). (If No, please go to RESOLUTION below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION PLAN: *(to be developed in consultation with your Supervisor / Program Mgr / Complainant or if applicable the carer/advocate).*

Action Required	Person Responsible	By When	Date Completed	Review of Effectiveness

PREVENTIVE ACTION: *(Determine action to prevent occurrence, if applicable)*

Action Required	Person Responsible	By When	Date Completed	Review of Effectiveness

RESOLUTION: *(Report on the final outcome) - MUST BE COMPLETED for all Complaints*

Date Resolved:

Is complainant / advocate satisfied with the outcome? Yes No _____
Signature of Complainant / Advocate (if applicable)

_____	_____	_____
Name of staff completing form, if not Program Mgr	Signature	Date
_____	_____	_____
Program Manager	Signature	Date

Please forward a copy of this form to your Complaints Online Administrator.
Complaints Online Administrator to upload form onto the Complaints Online Register
and file form with Director.



LOG OF ACTION TAKEN (if required)

CONTACT/COMMENTS:

Date	Contact/Comment	Signature

