



Square the Spiral

FEEDBACK AND COMPLAINTS

This form can be used to assist staff to record feedback or complaints or to assist participants to provide feedback or make a complaint. All information is strictly confidential.

Personal details

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name: Mr/Mrs/Miss/Ms

Postal Address:

Postcode:

Email:

Phone No:

Mobile:

Do you need support to make this complaint? (e.g. Interpreter, Advocate)

Yes No

Details of support required:

Is there someone else (support person, parent or friend) that you would like involved in making this complaint?

Yes No

Name of support person

Postal Address

Phone:

E-Mail:

Details of the feedback or complaint

What happened and where (dates/times)?



Square the Spiral – Feedback and Complaints

Who was involved? List all persons involved and witnesses.

Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. Inform the witness that they may be contacted by the organisation to discuss the matter.

Any other relevant details:

How would you like to see your complaint resolved? What action would you like the organisation to take to resolve your complaint?

Additional information/supporting documentation

Please attach copies (not the original) of any documents that may help us to handle the complaint e.g.; if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the complaint.

Please sign and date this form

Signature :

Date:
