**Prospr - Complaints Handling Form**

**External Organisations & General Public**

### **Section 1: Complainant Details**

|  |  |
| --- | --- |
| **Complainant name (optional)** |  |
| **Organisation/Young Person (if applicable)**  |  |
| **Contact information**  |  |
| **Date of Complaint**  |  |

**Section 2: Nature of Complaint**

**1. Type of Complaint (Please select all that apply):**

[ ]  Negligent Conduct by Therapeutic Youth Worker

[ ]  Harmful Conduct by Therapeutic Youth Worker

[ ]  Work Environment

[ ]  Communication

[ ]  Service Delivery

[ ]  Other (Specify):

**2. Briefly describe the complaint:**

### **Section 3: Details of Complaint**

**3. Specific Incident(s):**

|  |  |
| --- | --- |
| **Date and Time** |  |
| **Location**  |  |
| **Individuals Involved** |  |

Please add more information below if needed:

**4. Impact:**

* **On Young Person:**

[ ]  No Impact

[ ]  Minor Impact

[ ]  Moderate Impact

[ ]  Severe Impact

* **On Organisation:**

[ ]  No Impact

[ ]  Minor Impact

[ ]  Moderate Impact

[ ]  Severe Impact

**5. Witnesses (if any):**

### **Section 4: Reporting Child Abuse or Neglect**

**6. If the complaint involves child abuse or neglect, have you reported this to the Child Protection Helpline on 13 21 11 or to the Department of Communities and Justice?**

[ ]  Yes

[ ]  No

**7. If yes, please provide details and reference number:**

### **Section 5: Young Person's Complaint**

**8. If the complaint is made by a young person:**

[ ]  Yes

[ ]  No

**9. Young Person's Perspective on the Incident:**

**Section 6: Desired Outcome**

**10. What resolution or outcome are you seeking from lodging this complaint?**

### **Section 7: Complaint Resolution**

**11. How would you like the complaint to be resolved?**

**12. Supporting Documents:**

[ ]  Incident Report

[ ]  Witness Statements

[ ]  Any Relevant Documentation

**Please provide any supporting documentation along with this form to** feedback@prosperstaffing.com.au

**Section 8: Declaration**

I, [optional Complainant Name], declare that the information provided in this complaint is true and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| **Complainant signature** |  |
| **Date** |  |

**Section 9: For Prospr Use Only**

**13. Initial Assessment:**

**14. Investigation Plan:**

**15. Resolution Outcome:**