



Complaints Management and Feedback Form

Organisation Name: Encourage Group

Contact Information: [Insert Contact Details]

This form is for participants, families, advocates, and other stakeholders to provide feedback or lodge a complaint. Your input helps us improve our services.

Part 1: Your Details

(You can remain anonymous, but providing your details helps us respond to your concern.)

1. Name: _____
2. Contact Number: _____
3. Email Address: _____
4. Relationship to Organisation (tick one):
 - ☐ ☐ Participant
 - ☐ ☐ Family Member/Carer
 - ☐ ☐ Advocate
 - ☐ ☐ Other (please specify): _____

Part 2: Feedback/Complaint Details

1. Type of Feedback (tick one):
 - ☐ ☐ Complaint
 - ☐ ☐ Suggestion
 - ☐ ☐ Compliment
2. Date of the Incident/Feedback: _____
3. Details (please describe your feedback or concern):

4. Who was involved (if applicable)?

5. Have you raised this concern before?

- ☐ ☐ Yes (with whom): _____
- ☐ ☐ No

Part 3: Desired Outcome

What would you like to happen as a result of your complaint or feedback?

Part 4: Advocate or Support Person Details

(If applicable)

1. Name of Advocate or Support Person: _____
2. Contact Number: _____
3. Email Address: _____

Part 5: Signature (Optional)

I confirm the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

Part 6: Office Use Only

(To be completed by staff)

1. Received By: _____
2. Date Received: _____
3. Complaint/Feedback Acknowledged:
 - ☐ ☐ Yes (Date: _____)
 - ☐ ☐ No
4. Action Taken:

5. Resolution Provided:
 - ☐ ☐ Yes (Date: _____)
 - ☐ ☐ No
6. Follow-Up Required:

- ☐ Yes (Details): _____
- ☐ No

Staff Member Name: _____

Signature: _____

Date: _____

Thank you for taking the time to provide your feedback or complaint. We value your input and are committed to resolving any concerns promptly and professionally.