



## Complaint Report Form

- This form is to assist you in making a complaint to our organisation.
- All persons wishing to make a complaint can speak with the Manager or staff member of choice or choose to complete this form.
- All information is strictly confidential.
- If you feel unsure about anything or would like help completing this form, please contact CBWA administration.
- We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response.
- Please attach copies (not the original) of any documents that may help us to handle the complaint.

### PART A – About me (DO NOT complete this section if you wish to make an anonymous complaint)

Source:

Participant       Worker       NDIS       Other \_\_\_\_\_

Date:

Full Name:

Address:

Phone No:

Is there someone else (legal representative or support person) that you would like involved in making this complaint?     Yes     No

Name of legal representative/support person \_\_\_\_\_

### Fill in this box if you are complaining on behalf of someone else

Name of Person:

What is your relationship to that person?

Phone No:

Does the person know you are making this complaint?

Yes     No

Does the person consent to the complaint being made?

Yes     No

### PART B – Your complaint

**What is your complaint about?** Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved.



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**Did someone witness the incident? Are they 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.

**How can we help to fix this problem or complaint?**

<b>Signature</b>		<b>Date</b>	___ / ___ / ___
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**Please return this form to our office or email us at**

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**OFFICE USE ONLY**

I, \_\_\_\_\_ acknowledge receiving a Complaint Form submitted by \_\_\_\_\_ that has been allocated the registration number of \_\_\_\_\_.

<b>Is this complaint confidential?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify who can see this complaint. _____
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<b>Signature</b>		<b>Date</b>	___ / ___ / ___
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