

**Complaint Record Form**

Details of person making the complaint

*Note: This form can be completed electronically or by hand.*

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| --- | --- |
| Date complaint received |  |
| Name of person receiving complaint |  |
| Position |  |
| Does the person making the complaint wish to remain anonymous? | Yes No |
| If no, name of person making complaint |  |

 **Category of person making complaint:**

|  |  |  |
| --- | --- | --- |
| * Participant
 | * Family member
 | * Friend
 |
| * Advocate
 | * Guardian
 | * Manager
 |
| * Other provider
 | * Staff member
 | * Other
 |

**Preferred method of contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | Yes No | Phone number |  |
| Email: | Yes No | Email address |  |
| Letter: | Yes No | Postal address |  |

Participant details

Name of participant complaint is regarding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if participant is not the person making the complaint)*

* Is the participant an existing client? Yes No
* Can we speak to the participant about this complaint? Yes No

 *(if complainant is not the participant)*

**Complaint details**

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**Description of complaint**

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**What is considered appropriate resolution by the person making the complaint?**

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**Current status of complaint:** Investigating Action proposed Resolved Unresolved

**What actions have been proposed?**

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**Or if resolved, how was it resolved?**

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