

**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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