



CHILD Australia

PO Box 2562

Tel: (08) 9249 4333

Fax: (08) 9249 4366

admin@childaustralia.org.au

www.childaustralia.org.au

COMPLAINTS/COMPLIMENTS FORM

1. Your Contact Details

Family Name.....

Given Name(s).....

Organisation.....

Address.....

Phone number (home) (work) (mobile)

2. Are you a: (Please tick box)

Children's service Individual Subcontractor Other Stakeholder

Other (please specify).....

3. Is the feedback or complaint about events by: (Please tick box and give details)

a CHILD Australia Service/Staff member.....

a Professional Support Service Provider (PSSP)

other

4. Have you discussed your matter with a staff member (either CHILD Australia or PSSP staff)?

Yes No - go to 5

If yes when?..... Who dealt with the matter?

What was the result?.....

5. Please give details of your feedback or complaint and the outcome you are seeking. Please provide all relevant dates (You should normally complain within three months of the event concerned). You may wish to attach further documentation.

.....
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.....
.....

.....Date:.....Signature.....

(Name and signature of Staff Member if received by telephone)



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Privacy Notice: The information provided on this form will be used by CHILD Australia to follow up your feedback or complaint. The information may be provided to CHILD Australia staff who are in a position to remedy your complaint; the relevant funding body, or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.

COMPLAINT/FEEDBACK ACTION TAKEN

ACTION TAKEN:

Acknowledgement letter sent: Date

.....
.....
.....
.....

Manager's signature Date

Name of Manager.....

If not resolved within 5 business days :

ED advised Date

ACTION TAKEN:

.....
.....
.....
.....
.....

Manager/ED's signature..... Date

Name of Manager.....



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REVIEW

Once process is completed, review details of complaint with a view to incorporating improvements:

RECOMMENDED IMPROVEMENTS:

.....
.....
.....

Manager's signature Date

Name of Manager.....

