

**Shoalhaven Community Transport Service Inc.
Section 3 Service Delivery
Document 3.07-1-1 Complaint Record Form**

Circle appropriate COMPLAINT APPEAL

Date:Received by:.....

Made via (circle) Telephone Letter (attached) In person

Other.....

SUBJECT:.....

INFORMATION TO BE GIVEN TO THE PERSON IF A COMPLAINT OR APPEAL:

- Reassure the complainant that all complaints are treated confidentially and that they will suffer no loss of service because they have made a complaint.
- Explain the complaints procedure.
- Remind the complainant that they have the right to use an advocate of their choice and refer them to appropriate consumer advocacy services.
- Thank the complainant for their complaint and explain that complaints are valuable in helping to maintain and improve the service.

NAME OF COMPLAINANT:

ADDRESS:

PHONE NUMBER:

DETAILS OF COMPLAINT:

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

Thank the person for their complaint, reassure them it will be taken seriously and tell them someone from the office will contact them quickly.

<i>DOC 3.07-1-1</i>	<i>Complaint Record Form</i>			<i>Date Approved</i>	
<i>Date Document due for review</i>	<i>Date Document Reviewed:</i>	<i>Amendments</i>	<i>Positions informed/trained in amendments</i>	<i>Method</i>	<i>Date</i>

Office Use Only:

COMMENTS:

.....

.....

ACTION TO BE TAKEN:

.....

.....

.....

OUTCOME:

.....

.....

.....

FOLLOW UP:

.....

.....

Signed: Date:
(Manager)

SERVICE USER DETAILS (If different from complainant)

NAME:Ph:.....

RELATIONSHIP TO COMPLAINANT:

CARER'S DETAILS:

NAME:Ph:.....

RELATIONSHIP TO COMPLAINANT:

ADVOCATE'S DETAILS

NAME:Ph.....

RELATIONSHIP TO COMPLAINANT: