

| Part A - Details of complaint | |
|---|---|
| Name of person making a formal complaint: | Name of person receiving complaint: |
| Contact number: | Position: |
| Date of incident relating to complaint, if applicable: | Date & time of report: am/pm |
| Was there anyone else involved relating to the complaint? (<input checked="" type="checkbox"/> tick appropriate box) <input type="checkbox"/> Employee <input type="checkbox"/> Participant <input type="checkbox"/> Visitor/Contractor <input type="checkbox"/> Customer <input type="checkbox"/> Supported Employee <input type="checkbox"/> Other (Specify): | |
| Address or location where incident occurred: | |
| What happened? | |
| If any, name and contact details of witnesses: | |

| Part B - Response and management of complaint |
|---|
| <i>All complaints reported must be investigated and recommendations/corrective actions implemented and reviewed by Service Manager, Head of Human Resources & WHS and/or the CEO.</i> |
| Comments |

| | | |
|--|--------------|-------|
| Requirement to Report to Commissioner: (<input checked="" type="checkbox"/> tick appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No | Reported by: | Date: |
|--|--------------|-------|

| Action Plan – list recommendations to resolve the complaint. | | | |
|--|-------------------------|----------|--------------------|
| Recommended Actions (Control Measures) | Who (Responsibility) | Priority | When (Due Date) |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|----------------------|------------|-------|
| Complainant's name: | Signature: | Date: |
| Investigator's name: | Signature: | Date: |

| Action Plan – implemented, monitored and reviewed | | | |
|---|------------------------------|-----------|-------|
| Comments | | | |
| Review Date: | Reviewed by: name & position | Signature | Date: |

Part C Resolution or further action required

I am happy with the outcome and resolution of complaint.

I wish to escalate this matter in order to resolve issues.

| | | | |
|----------------------|------------------------------|-----------|-------|
| Review Date: | Reviewed by: name & position | Signature | Date: |
| Complainant's name: | Signature: | Date: | |
| Investigator's name: | Signature: | Date: | |

Part D Registration and record keeping

Complaint has been registered and outcome recorded in complaints register.

All related documentation has been filed confidentially.

Complainant's name:

| | | |
|---------------|------------|-------|
| Actioned by:: | Signature: | Date: |
|---------------|------------|-------|