

## Complaint Form

Please refer to Headway Grievance Policy and Procedure

**ABOUT YOU THE COMPLAINANT/ If you wish to remain anonymous please do not complete first and second sections.**

### Section 1:

|   |     |    |
|---|-----|----|
| Mr/Mrs/Ms/Miss  |     |    |
| Surname:  |     |    |
| First Name:   |     |    |
| Address:  |     |    |
| Postcode:   |     |    |
| Telephone numbers:  |     |    |
| Email:  |     |    |
| Date of Birth:  |     |    |
| Country of Birth:   |     |    |
| Do you identify as Aboriginal or Torres Strait Islander       | YES | NO |
| Relationship to service user: (Self, son, sister, parent etc) |     |    |
| Do you or the service user require an interpreter?            | YES | NO |
| If yes, preferred language:                                   |     |    |

**ABOUT THE PERSON** (complete only if you are complaining on behalf of someone else)

### Section 2:

|   |     |    |
|---|-----|----|
| Mr/Mrs/Ms/Miss  |     |    |
| Surname:  |     |    |
| First Name:   |     |    |
| Address:  |     |    |
| Postcode:   |     |    |
| Telephone number:   |     |    |
| Email:  |     |    |
| Date of Birth:  |     |    |
| Country of Birth:   |     |    |
| Do you identify as an Aboriginal or Torres Strait Islander? | YES | NO |

## Complaint Form

### **THE PERSON/SERVICE PROVIDER YOU ARE COMPLAINING ABOUT**

|                                 |
|---------------------------------|
| Name of Person/Service Provider |
| Program ( if applicable)        |
| Address:                        |
| Postcode:                       |
| Telephone number                |

**WHAT DATE(S) DID THE COMPLAINT ARISE?** \_\_\_\_\_

IF IT IS MORE THAN 12 MONTHS PLEASE LET US KNOW THE REASONS WHY YOU DID NOT COMPLAIN EARLIER?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wherever possible you are encouraged to resolve your complaint directly with the person or the service provider. Please review Grievance Procedure in Headway Gippsland Inc Participant Handbook.

**HAVE YOU CONTACTED THE PERSON/ORGANISATION TO TRY AND DISCUSS YOUR COMPLAINT?**

YES      NO

If yes, what happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Complaint Form

### **ABOUT YOUR COMPLAINT**

#### COMPLAINT SUMMARY

Please attach a detailed letter, to this form, setting out in chronological order what happened and include, if relevant, photocopies of any enclosures which may be helpful in assessing your complaint. The letter will be sent to the person/organisation.

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Please lodge complaints at either:

|   |   |  |
|---|---|--|
| <p><b>Headway Gippsland Inc</b></p> <p>Address: 219 Princess Drive, Morwell, 3840</p> <p>Phone: 5127 7166<br/>Toll<br/>Free: 1800 452 452</p> | <p><b>Health Services Commissioner</b></p> <p>Address: 30th Floor, 570 Bourke Street, Melbourne. 3000</p> <p>Phone: 8601 5200<br/>Toll<br/>Free: 1800 136 066</p> |  |
| <p><b>Disability Services Commissioner</b></p> <p>Level 30 570 Bourke Street<br/>Melbourne 3000</p> <p>1 300 728 187</p>                      | <p><b>Aged Care Complaints Commissioner</b></p> <p>GPO Box 9848<br/>Melbourne 3000</p> <p>1800 550 552</p>  |  |

Headway Gippsland Inc – office use only:

Date included on Continuous Improvement Register: ...../...../.....

By whom:.....