

**PRIVACY:** Contact details below are only required if a complaint remains unresolved at step 1. These details are required for addressing and contacting purposes only and shall not be accessed by unauthorized staff.

No identifiable client details shall be released without their written consent.  
Contact details are only required here for follow up purposes.  
Complaints may be raised anonymously.

**Organisation Name:** (if applicable)

**First Name:** **Surname:**

**Address:**

**Phone:** **TTY:** **Fax:** **Email:**

**Reportable data**

**Subject:** Age range Click to select **Gender:**  Male  Female

**Source of feedback:** Click to select **Survey Feedback?** Yes  No

**Feedback Details**

**Received how?**  Ph  TTY  Fax  In person  Web/email  Brochure

**Name of staff member receiving feedback:**

**Date feedback raised:** **Date feedback received:**

**Feedback Type:**

**Comment/Compliment )**  
(complete option 1 only)

**Complaint**  
(complete option 2 only)

**Feedback details:** (Record here a copy of feedback received)

**Option 1: Comment/Compliment, complete the following**

**Acknowledgement of feedback provided?** Yes  No

(include a brief description here of acknowledgement provided)

**Email this form to the Quality Coordinator.**

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**Option 2: Complaint**

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Select one of the following (from the drop down box below) that best describes the complaint raised.

Issue: Click to select

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**Complaint Resolved?**

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**YES** 

Provide here how complaint was resolved. Include date & contact method e.g. By letter, face to face ph/TTY etc.

Select one of the following the best describes the outcome category.

Click to select

**NO** 

It is important to know the complainants desirable resolution/outcome meaning what they would like to see happen, note this in space below.

*Unresolved complaints are raised with the relevant manager. Steps for unresolved complaints are outlined in the Feedback Procedure*

A response letter/email has been forwarded to the complainant?

Yes  No

*Timeframes are to be followed here unless this is negotiated with the complainant.*

Select one of the following that best describes the outcome sought.

Click to select

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**Service Type:**

Select one of the following that best describes the service that the complaint relates to.

Click to select

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**Email this form to the Quality Coordinator.**

**Quality use only:**

Logged complaint & SIR database  Logged SIR database only  Date:

<u>Section A</u>	<u>Section B</u>	<u>Section C</u>	<u>Section D</u>	<u>Section E</u>	<u>Section F</u>
SIR no:	Complaint satisfaction <input type="checkbox"/> Satisfied <input type="checkbox"/> Internal review <input type="checkbox"/> Referred ext	Response letter/email sent to complainant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Electronic copy of this form provided to the relevant Manager <input type="checkbox"/> Yes	Date Complaint Closed:	Time Taken: Click to select

**Manager/CEO use only:**

Position Title:

Follow Feedback Procedure \_\_\_\_\_ if required here, then select one of the following.

- Comment/Compliment noted & acknowledged no further follow up required
- Complaint resolved by staff & has been noted in option 2
- Complaint now resolved and an update has been provided in option 2
- Complaint unresolved & forwarded to CEO
- Complaint referred to external organisation  
(Note here which organisation the complaint has been referred to):

**Once this section is completed email this form to the Quality Coordinator for processing.**