

Complaints Form

Complainant details	
Name:	Date:
Address:	
Contact Number:	
Carer/Emergency Contact:	
Please Circle: <input type="checkbox"/> Staff of GCS <input type="checkbox"/> Client of GCS <input type="checkbox"/> Relative of Client <input type="checkbox"/> Member of Public <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Reason for complaint	
Please Circle: <input type="checkbox"/> Staff / Volunteer of GCS <input type="checkbox"/> Service provided by GCS <input type="checkbox"/> GCS Facility / Venue <input type="checkbox"/> Other	
Where did the complaint arise? (Details of complaint to be added on following page)	
Name/s of other people involved?	



Details of complaint (If complaint on a separate document, please attach)

Complaint received by

Name of Staff / Volunteer	
Position	
Method of complaint	<input type="checkbox"/> In Person <input type="checkbox"/> Written <input type="checkbox"/> Telephone <input type="checkbox"/> Other
Date of complaint	/ /
Time of complaint	: am/pm

Action / Outcome



Administration	
Name of person compiling form	
Position	
Signature	
Date	/ /20__
Date Client Notified of Outcome in Writing on	/ /20__
Copy of Complaint placed in central hardcopy folder	/ /20__
Documented on client file (<i>Hard copy / Electronic</i>)	/ /20__

Manager	Signed Date / /20__
---------	----------------------------------