



16 Bruce Street
 Leongatha Victoria 3953
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Email: office@leongathacommunityhouse.org.au
 Website: www.leongathacommunityhouse.org.au

Registration No: A1136L
 ABN 48 180 414 316

COMPLAINT FORM **Date Received**

Complainant	Representative
Name.....	Name.....
Address.....	Address.....
.....Postcode.....Postcode.....
Telephone.....Home	Telephone.....Home
.....WorkWork
.....MobileMobile
Email.....	Email.....
Relationship with the house.....	Relationship to complainant.....
Is the complainant the subject of an incident report <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Most convenient hours for contact: <input type="checkbox"/> a.m <input type="checkbox"/> p.m.
Complaint Details Please include details of: 1. Complaint (if written attach document) 2. Desired outcomes for complainant	
Form completed by <input type="checkbox"/> Complainant..... <input type="checkbox"/> Staff Date.....Signature.....Position Held.....	
Copy of Complaints Policy given to complainant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complainants rating of the process <input type="checkbox"/> Positive Comments <input type="checkbox"/> Satisfied <input type="checkbox"/> Ambiguous <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Negative Comments <input type="checkbox"/> Incomplete Comments.....	

Contact Date	Initiated By	Nature of Contact and action Taken	Plan of action

Who followed up the complaint?
.....
.....

Was a response given in writing/orally by whom and date given?
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Other questions relevant to the house
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.....
.....

Investigation Outcomes <input type="checkbox"/> Lapsed <input type="checkbox"/> Resolved <input type="checkbox"/> Referred <input type="checkbox"/> Change in Policy <input type="checkbox"/> Not Upheld <input type="checkbox"/> Other.....	Explanation Provided By: Person..... Position..... Summary of Response (if in writing please attach)
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Signed..... **Date**.....