



## Participant Complaint form

This form is to assist you in making a complaint to Assist Community Services.

All persons wishing to make a complaint can speak with the Quality Manager or staff member of choice or choose to complete this form.

All information is strictly confidential.

If you feel unsure about anything or would like help to complete this form, please contact our office on 07 4401 5706 or your Service Delivery Team Leader.

We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response.

### Personal details

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name: Mr/Mrs/Miss/Ms

\_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email:

\_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Have you lodged a complaint with our organisation before?**

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Yes  The matter was resolved  
 The matter was not resolved

No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there someone else (legal representative or support person) that you would like involved in making this complaint?**

Yes  No

Name of legal representative/support person

\_\_\_\_\_

Postal Address

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

**Details of the complaint**

Is the complaint related to:

Employee of the organisation Details

\_\_\_\_\_

Volunteer of the organisation Details

\_\_\_\_\_

Service delivery Details

\_\_\_\_\_

Facilities Details

\_\_\_\_\_

Specific incident Details

\_\_\_\_\_

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What happened?

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Where did it happened?

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When did it happened? (Include date if possible)

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Who was involved? (List all persons involved and witnesses)

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Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter.)

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Any other relevant details:

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**Have you discussed the matter with the person/s involved?**

Yes       No

If yes, what was the outcome, if any? Please attach a copy (not the original) of your complaint to the respondent and any letter of reply you have received.

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If no, is there any reason/s that you cannot do so? Do you need help to do this, e.g. for safety reasons, cultural reasons?

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**How would you like to see your complaint resolved? What action would you like the organisation to take to resolve your complaint?**

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**Additional information/supporting documentation**

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the complaint.

To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can.

Please sign and date this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

