

# Compliments and Complaints Form



**For the purpose of this document, the term "complainant" refers to:**

- A CAPAH Participant, their parent(s), advocate(s), carer(s) or significant other(s);
- Members of the community;
- Other services or organisations;
- Other interested parties

## 1. Details:

<b>Is this a:</b>	<input type="checkbox"/> Complaint (formal) <input type="checkbox"/> Suggestion <input type="checkbox"/> General Feedback		
<b>Complainant's Name:</b> (optional)			
<b>I am:</b>	<i>(please place an x in applicable box)</i>		
	<input type="checkbox"/> A Support Coordination Service Participant <input type="checkbox"/> Nominee/Carer/Guardian <input type="checkbox"/> An Advocate <input type="checkbox"/> Member of the Public <input type="checkbox"/> Other (please specify)		
Address:			
Telephone Number:		Email Address:	
Mobile Number:		Fax Number:	
<b>Is this form being completed by:</b>	<i>(please place an x in applicable box)</i>		
	<input type="checkbox"/> Complainant ( <b>Go to Section 2</b> ) <input type="checkbox"/> Parent/Guardian ( <b>Go to Section 3</b> ) <input type="checkbox"/> An Advocate ( <b>Go to Section 3</b> ) <input type="checkbox"/> Other (please specify) ( <b>Go to Section 3</b> )  <hr style="width: 20%; margin-left: auto; margin-right: 0;"/>		

## 2. Complainant to Answer:

Have you read CAPAH's Complaints Procedure? <i>If no please take the opportunity to read before proceeding with the complaint.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of your right to have parent(s)/advocate or support person involved in the complaint process? <i>If no please note that you have the right to have parent(s), advocate or support person involved.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. Please complete this section if you want to involve a Nominee, advocate or support person in the complaint resolution process:

Name of support person:	
Contact Number:	
Would you like assistance from an advocate group?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify name of group if known.

## 4. Please provide details of your Feedback or complaint here:

My complaint/concern is:
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Date of Incident:		Time of Incident:	
Location of Incident:			
Is there supporting documents that can be provided for this complaint/concern?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
What would you like to see as the outcome of this complaint/concern?			

**5. Acknowledgement:**

All of the information provided above is true and correct to the best of my knowledge		
_____		
Print Name	Signature	Date

**For CAPAH use only:**

Action taken and date	
Follow up and date	
External Report submitted, what agency and why?	
How was the complainant involved in the process?	
Sign-off and date:	<p><b>CAPAH representative:</b>  Signature: _____ Date _____</p> <p><b>Complainant:</b>  Signature: _____ Date _____</p> <p><i>Copy of this form sent or issued to the complainant upon completion.</i></p>