



NOTIFICATION OF FEEDBACK/COMPLAINT

1. Your contact details

Family name

Given Name

Organisation

Address

Suburb

State

Postcode

Phone (hm.)

(wk.)

(mob.)

2. Are you a... (Please tick box)

IHC Service

Family

Educator

Other (please specify)

3. Is the feedback or complaint about an action of... (please tick box and give details)

IHC Support Agency

an IHC Service

an Educator

4. Have you discussed your matter with a Service Provider or Support Agency?

Yes

No – go to Question 5

If yes when?

Who dealt with the matter?

What was the result

5. Please give details of your feedback or complaint and the outcome you are seeking.

Please provide all relevant dates (You should normally complain within three months of the event concerned). You may wish to attach further documentation.

Desired outcome:

Date

Signature

Name

(Name and signature of Staff Member if received by telephone)



FOR OFFICE USE ONLY

NOTIFICATION OF FEEDBACK/COMPLAINT

ACTION TAKEN:

Acknowledgement sent

Date

Manager's signature

Date

Name of Manager

If not resolved within 5 business days

CEO advised

Date

ACTION TAKEN:

CEO signature

Date

Name of CEO

REVIEW

Once process is completed, review details of complaint with a view to incorporating improvements:

RECOMMENDED IMPROVEMENTS:

Manager's signature

Date

Name of Manager

Date Taken to Team Meeting