



## Complaint Form

### 1. Staff/Volunteer in receipt of the Complaint

Program/Service: _____	
Directorate: _____	
Site/Team: _____	
Name: _____	Position: _____
Phone: _____	Signature: _____
Date Received: _____	Date referred: _____
<b>How was the complaint received?</b>	
<input type="checkbox"/> In Person <input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Online Form <input type="checkbox"/> Other _____	
Is the person lodging the complaint on behalf of another person? <input type="checkbox"/> Yes → <b>go to section 2</b> <input type="checkbox"/> No → <b>go to section 3</b>	

### 2. Details of Person lodging the complaint (if lodging on behalf of someone else)

Does the person lodging the complaint wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the complainant provided consent for the person to lodge a complaint on their behalf? <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> No	
What is the relationship to the complainant? _____	
Surname: _____	First name: _____
Address: _____	Suburb: _____
Agency (if applicable): _____	State: _____ Post
Code: _____	
Telephone No – Home: _____	Work No: _____
Service Location: _____	Mobile: _____
Email: _____	

### 3. Complainant details

Does the complainant wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surname: _____	First name: _____
Address: _____	Suburb: _____



State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No – Home: \_\_\_\_\_ Work No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Is the complainant a current client/resident/consumer of UnitingCare Community?

No → Proceed to section 5

Yes →  Community Services  OOHC  Disability Services  Carelink ID (if known): \_\_\_\_\_

**4. If Complaint Involves a Client Please Complete the Following:**

**Cultural identity:**

Aboriginal  Torres Strait Islander  Culturally and Linguistically Diverse (CALD)

None of the above  Choose not to identify

**Primary language spoken:**

English  Other (please specify): \_\_\_\_\_

**Is an interpreter required?**  Yes \_\_\_\_\_  No

**Additional support:**

Is additional support required to assist lodge the complaint?

No  Yes (please specify): \_\_\_\_\_

\_\_\_\_\_

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**5. The person/agency making the complaint:**

<input type="checkbox"/> Family Member	<input type="checkbox"/> Member of the public	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Department of Communities Child Safety	<input type="checkbox"/> Department of Communities Disability and Community Services	<input type="checkbox"/> Department of Housing and Public Works
<input type="checkbox"/> Public Safety Business Agency	<input type="checkbox"/> Office of the Public Guardian (Children and young people)	<input type="checkbox"/> Office of the Public Guardian (Adults)
<input type="checkbox"/> Public Trustee	<input type="checkbox"/> Department of Social Services	<input type="checkbox"/> Student placement
<input type="checkbox"/> Queensland Ombudsman	<input type="checkbox"/> Office of the Health Ombudsman	<input type="checkbox"/> Contractor
<input type="checkbox"/> Department of Education, Employment and Workplace Relations		
<input type="checkbox"/> Other (please specify): _____		

**6. Complaint details:**

**Complaint is in relation to:**

Client  Volunteer  Staff  Relative  Contractor

Organisation UCC  Carer  Visitor  Other (please specify): \_\_\_\_\_

Names of people involved in complaint: \_\_\_\_\_

Has this complaint been raised with UCC previously?  Yes → complete details below

No → complete details of present complaint

**Details of previous complaint:**

RiskMan ID of previous complaint: \_\_\_\_\_

Who responded to the complaint on the previous occasion? \_\_\_\_\_



What was the outcome? \_\_\_\_\_  
\_\_\_\_\_

Why is the complainant not satisfied? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of present complaint:**  
What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who (besides the complainant) was involved? \_\_\_\_\_  
\_\_\_\_\_

When did it occurred? \_\_\_\_\_ Time: \_\_\_\_\_  
Where did it occur? \_\_\_\_\_

What attempts (if any) have been made to resolve the issue? What was the outcome of those attempts?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What outcome is the complainant seeking?  
\_\_\_\_\_  
\_\_\_\_\_

**7. Complaint Issues - Select all that apply:**

<p><b>Access to Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Service availability</li> <li><input type="checkbox"/> Length of waiting list</li> <li><input type="checkbox"/> Service eligibility</li> <li><input type="checkbox"/> Delay in service provision</li> <li><input type="checkbox"/> Physical location of service</li> <li><input type="checkbox"/> Not supporting need for interpreter</li> <li><input type="checkbox"/> Not supporting special needs</li> <li><input type="checkbox"/> Not providing appropriate referral</li> <li><input type="checkbox"/> Lack of resources</li> <li><input type="checkbox"/> Fees/cost of service</li> </ul>	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Delay in returning phone calls</li> <li><input type="checkbox"/> Delay in providing information</li> <li><input type="checkbox"/> Not informing client of decision/s</li> <li><input type="checkbox"/> Receiving information in error</li> <li><input type="checkbox"/> Not informing clients of their rights</li> <li><input type="checkbox"/> Providing incorrect information</li> <li><input type="checkbox"/> Providing misleading information</li> <li><input type="checkbox"/> Language speech/barrier</li> </ul>
<p><b>Perceived Staff Attitude/Behaviour</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spoke rudely/ raised their voice</li> </ul>	<p><b>Environment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quality of service provided</li> </ul>

