



## Complaints/Review of Decision/Feedback Form

### 1. Your Contact Details

Family Name:  Given Name:

Organisation:

Address:

Suburb:  Post Code:

Phone: (hm)  (wk)  (mobile)

### 2. Are you (please tick box)

IHC Service Provider     Educator     Family     Other

Other (Please specify)

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

IHC Support Agency staff member

IHC Support Agency

Educator

IHC Service Provider

Family

Seeking a decision review

### 4. Have you discussed your matter with a person the complaint is addressed at?

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 details. You may wish to attach further documentation.***

Date:

Signature:

FOR OFFICE USE ONLY

## Complaint/Review of Decision/Feedback Action Taken

Acknowledgement letter sent

Date

Signature:

Date:

Name:

If not resolved within 3 business days:  Date advised:

**ACTION TAKEN:** (Attached additional paperwork if required)

Signature:

Name:

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

**RECOMMENDED IMPROVEMENTS:** (Attached additional paperwork if required)