



Complaints/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

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/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)