

Title

CONSUMER COMPLAINT FORM



Document ID

FORM 0418/6

Date of Issue

19/03/2019

Let us know your concerns!

This form is to assist you in making a complaint to our organisation. All persons wishing to make a complaint can speak with the Manager or staff member of choice or choose to complete this form. All information is strictly confidential. If you feel unsure about anything or would like help to complete this form, please speak to the General Manager.

We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response.

Date of complaint: _____

Personal Details:

The information provided will be used to contact you. Provide the contact details for how you wish to be contacted.

Name of Client: Mr/Mrs/Miss/Ms _____

Name of person filling out this form (if not the client): Mr/Mrs/Miss/Ms _____

Relationship to the Client: _____

Phone Number: _____ Email: _____

Address: _____ P/Code: _____

Have you lodged a complaint with our organisation before?

Yes The matter was resolved The matter was not resolved

No Comments _____

Complaint made via: Telephone Letter Email Other _____

Does the client wish to use an advocate in relation to this matter? Yes No

Advocate Name and Contact Details: _____

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Relationship of Advocate to consumer (eg: carer, friend, advocacy organisation): _____

Has the consumer signed an Advocate Information Disclosure Form in relation to this matter?

Yes No

Details of the Complaint:

Details of complaint (from complainant's perspective) – *if insufficient space, attached extra sheets:* _____

Where did it happen? _____

When did it happen? _____

Who was involved? _____

Did someone witness the incident? Yes No

If Yes, would they be willing to be contacted regarding your complaint? If so, please provide their name and contact details. (inform the witness they may be contacted by Colbrow Care to discuss the matter).

What would the complainant like to happen? _____

- All complaints are treated confidentially and consumers will not suffer a loss of service because of the complaint.
Refer Complaints Procedure
- Consumers have the right to use an advocate of their choice.

Authorised by: 
Document not controlled when printed

Review Date: 26/04/2023

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- We appreciate your feedback and complaints are valuable in helping to maintain and improve our services

Service Provider to Complete:

Actions Taken / Decisions Made by Service Provider: _____

CAPAR Register #: _____

Date Received: _____

Actioned by: _____

Position: _____

Date actioned: _____

Attach supporting documentation if required