Title **EMPLOYEE COMPLAINT FORM** Colbro

Document ID FORM 0439/5 12/03/2020 Date of Issue

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:

Date lodging 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 Employee:	Mr/Mrs/Miss/Ms		
Phone Number:		Email:	
Address:			P/Code:
Have you lodged a d	complaint with our organisation be	efore?	
Yes D The m	atter was resolved	The matter was not resolved	
Complaint made via:	Telephone Letter	Email Dother	
	vish to use an advocate in relation to		No 🗌
Advocate Name and	Contact Details:		

Authorised by: ROar Document not controlled when printed

Review Date: 26/04/2023



Title **EMPLOYEE COMPLAINT FORM** Colbro

Document ID FORM 0439/5 12/03/2020 Date of Issue

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

Details of the Complaint:

Details of complaint (provide details to help us understand your concerns. You can include what happened, where it happened, who was involved or a decision made by Colbrow Care that you are unhappy about) - 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 outcome/s are you seeking?

Authorised by: ROar Document not controlled when printed

Review Date: 26/04/2023

Title EMPLOYEE COMPLAINT FORM



Document IDFORM 0439/5Date of Issue12/03/2020

- All complaints are treated confidentially. Refer Complaints Procedure
- We appreciate your feedback and complaints are valuable in helping to maintain and improve

Supporting Information

Please attach copies of any documents that may help us investigate your complaint. If you cannot do this, please tell us what you think we should obtain.

Colbrow Care to Complete:

Actions Taken / Decisions Made by Service Provider:

Date Received:	Actioned by:
Position:	
Date actioned:	Attach supporting documentation if required
PINA	

Authorised by: MOUN Document not controlled when printed

Review Date: 26/04/2023

EMPLOYEE COMPLAINT FORM

Document ID FORM 0439/5 12/03/2020 Date of Issue

Definitions:

Complainant: The person making the complaint

Complaint:

An expression of dissatisfaction, discontent or unhappiness with an action, decision or omission within the control or responsibility of Colbrow Care in the delivery of administration, nursing, care and support services and includes an unresolvable problem or dispute. Complaints may be in writing or verbal.

Grievance:

A complaint to be investigated according to formal complaint process. This includes complaints that are not able to be resolved through informal processes or mediation, and matters relating to allegations of misconduct where disciplinary action against a staff member may be an outcome of the investigation.

High Risk Complaint:

A complaint that has the potential to involve significant risk to Colbrow Care or its staff. A significant risk means a high probability that is likely to create an impact of some size financially, physically and/or to the health and welfare of staff.

Authorised by: RIVAR Document not controlled when printed

Review Date: 26/04/2023



Title