

Complaint Record Form

Please complete this form to lodge a formal complaint. This form must be done solely by the person filing the complaint, with no input from external sources. This form must be provided to your direct manager as soon as possible and must be signed.



Please note this can be used as evidence and provided to the person the complaint is regarding during the investigation.

Part A: About You, the Complainant

Name	
Date	
Address	
Contact Number or Email	

If you require assistance to participate in the complaint process, please outline the assistance you require:

--

Acting on behalf of another person

If you are complaining on behalf of someone else, please provide the following details about this person.

Name of the person making the complaint	
Address	

Part B: Who is the Complaint about?

Name of person or organisation	
Address	
What is your relationship to this respondent?	

Note: If your complaint is about more than one person or organisation, please provide information about each additional person or organisation.

Complaint Record Form

Please complete this form to lodge a formal complaint. This form must be done solely by the person filing the complaint, with no input from external sources. This form must be provided to your direct manager as soon as possible and must be signed.



Please note this can be used as evidence and provided to the person the complaint is regarding during the investigation.

Part C: What is your Complaint about?

For information about the types of complaints the Australian Human Rights Commission can consider, please go to <https://humanrights.gov.au/our-work/complaint-information-service/information-people-making-complaints>

Complaint Details

When did the alleged event/s happen:

What happened? Describe the events that you want to complain about. We need to know what you say happened, where it happened and who was involved. Please give us all the dates and other details you can remember.

Witnesses:

What is considered an appropriate resolution by the person making the complaint?

Complaint Record Form

Please complete this form to lodge a formal complaint. This form must be done solely by the person filing the complaint, with no input from external sources. This form must be provided to your direct manager as soon as possible and must be signed.



Please note this can be used as evidence and provided to the person the complaint is regarding during the investigation.

Part D: Lodging the Complaint

Name	
Signature	
Date	

Please send the complaint form to the following email address:

lil_ward@gocss.com.au

OR

Post a paper copy to:

GOCare Support Services
 71 Drummond Street, Dennington
 Victoria 3280

Office Use Only

Date Complaint Recieved	
Name of the person receiving the complaint	
Position	
Category of person making the complaint	<input type="checkbox"/> Participant <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Advocate <input type="checkbox"/> Guardian <input type="checkbox"/> Manager <input type="checkbox"/> Other Provider <input type="checkbox"/> Staff Member <input type="checkbox"/> Other _____
Preferred method of contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter
Phone	
Email	
Postal Address	
Date Resolved	

Scanned/Filed:

--