



COMPLAINT FORM

Anyone wishing to make a complaint against Illawarra Advocacy Inc can speak to the Manager or staff member or alternatively fill in this form.

All information is kept confidential.

We encourage you to make your complaint in writing. Please allow 14 days for a response.

Personal Details

Name: Mr/Mrs/Miss/Ms _____

Address: _____ Postcode: _____

Email: _____

Phone No: _____ Mobile No: _____

Have you lodged a complaint with Illawarra Advocacy Inc in the past?

Yes The matter was resolved The matter was not resolved

No Comments: _____

Would you like to involve a support person in making this complaint?

Yes No

Name of support person: _____

Address: _____

Phone No: _____ Email: _____

Details of the complaint

In relation to:

- An Employee of the program Details _____
- A Volunteer of the program Details _____
- Service Delivery Details _____
- A specific Incident Details _____
- Other Details _____

Details of the complaint

Where the incident took place and date if known?

Who was involved? (List all persons involved and witnesses)

Name and contact details of all witnesses

Name: _____ Contact Details: _____

Name: _____ Contact Details: _____

Have you discussed the matter with the person/s involved?

Yes No

If yes, what was the outcome of the discussion? If no, is there a reason you cannot discuss the matter with the person involved?

How would you like your complaint to be resolved? What action would you like the program to take in resolving the matter?

Additional information/ supporting documentation

Please attach copies of any documents or correspondence you have received regarding the complaint.

To assist us in resolving this matter please ensure your contact details are kept up to date. If your contact details change please advise the office as soon as you can.

Signature _____ Date _____