

OFFICE USE ONLY: To be completed by staff member recording complaint

Name person making complaint		Date: / /	
<input type="checkbox"/> Client <input type="checkbox"/> Volunteer		<input type="checkbox"/> Community member , agency or service <input type="checkbox"/> Clients family member	
Contact details	Phone:	email:	
Complaint communicated via	<input type="checkbox"/> In Person <input type="checkbox"/> Email or Letter (Attached)		<input type="checkbox"/> Telephone <input type="checkbox"/> Other (please specify)
Nature of the complaint	Description of the incident/s or situation/s, date/s, names of any witnesses		
How has the situation has impacted on you and what you would consider as a suitable outcome			
Was the complaint managed at this level?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments			
Further action required			
Person will make a formal complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Person aware they will be contacted within 5 working days of complaint being received.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of person raising complaint [if in person]			
Signature staff member recording complaint:			
Report marked (confidential) - emailed to Info@tfss.com.au - for attention of BDM and QA	Date: / /		