



Complaint Form

PERSONAL DETAILS

Title: _____ First Name/s: _____ Last Name: _____

Address: _____

Postcode: _____

Telephone (H): _____ (W): _____ (M): _____

Email: _____

Preferred Method of Contact: Post Telephone Email Other

Are you the person affected by the complaint? Yes No

If not, please advise relationship to the person affected by the complaint: _____

Parent Friend Other (please specify)

If you are acting on someone's behalf, please advise his or her details:

Title: _____ First Name/s: _____ Last Name: _____

Address: _____

Postcode: _____

Telephone (H): _____ (W): _____ (M): _____

Does the person affected by the complaint have a disability or other special need that we need to be aware of?

Yes No If yes, please specify: _____

Have you **done anything** about your complaint already? Perhaps you have sought assistance from a solicitor, professional advisor, an MP or an investigative agency? If yes, please advise details, such as the person you spoke to, when and advice given: _____



Complaint Form

COMPLAINT DETAILS

Have you raised your complaint with us before? Yes No If yes, tell us who you spoke to, what you were told and why you are still dissatisfied. Attach any documentation you have from your previous contact. Use a separate sheet if needed: _____

For **NEW** complaints, tell us **what** happened? **Who** was involved? **When** and **where** did it happen? For example, does your complaint involve a decision or action that impacted on you, or perhaps the quality of our service? Make sure you tell us the specific area the problem occurred, particularly for regional services. Use a separate sheet if needed: _____

What would you like to **see happen** as a result of your complaint? _____

WHAT TO EXPECT

We take complaints seriously. Your complaint will be acknowledged within three (3) business days of receiving your complaint and will be investigated within 30 business days. Your information will be treated confidentially. Thank you for bringing this matter to our attention.



Complaint Form

OFFICE USE ONLY

Complaint Received By:

- Telephone Email Fax
 Letter In person

Date Received: _____

Staff member who received complaint: _____

Position: _____

Summary of any advice provided to complainant on initial contact: _____

Complaint Referred To:

- Supervisor Director CEO
 Other (please specify): _____

Date of referral: _____ File Number: _____

Summary of any further advice provided to complainant about the referral (e.g. time lines for further advice):

Nature of Complaint (may fall under more than one category):

- Customer Service Administrative Decision/Action Service Delivery
 Policy Procedures Public Interest Disclosure
 Other (please specify): _____

Location of Problem:

- Infrastructure Community & Environmental Finance & Corporate
 Other (please specify): _____



Complaint Form

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Summary of Issue/s: _____

Complexity (estimated resources/time for complaint to be resolved): _____

Priority:

High

Medium

Low

Action Taken:

Meeting with complainant

Phone call to complainant

Investigation

Other (please specify): _____

Internal Referral (where and when): _____

External Referral (where and when): _____

Complaint Finalised By:

Supervisor

Director

CEO

Other (please specify): _____

Complainant Satisfaction:

Was complainant satisfied with the **outcome** of the complaint?

Yes No Unknown

Was complainant satisfied with the **handling** of the complaint?

Yes No Unknown



Complaint Form

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Remedy:

- | | |
|--|---|
| <input type="checkbox"/> Admission/Acknowledgement of fault | <input type="checkbox"/> Change of policy/procedures/practice/product |
| <input type="checkbox"/> Apology | <input type="checkbox"/> Service improvement |
| <input type="checkbox"/> Change of decision | <input type="checkbox"/> Honouring of prior commitment |
| <input type="checkbox"/> Change of law | <input type="checkbox"/> Information that assists |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Promise not to repeat action/error |
| <input type="checkbox"/> Restitution/waiver of debt/goodwill gift | <input type="checkbox"/> Correction of misleading/incorrect records |
| <input type="checkbox"/> Protection of complainant/whistle-blowers | <input type="checkbox"/> Repair/rework |
| <input type="checkbox"/> Return of property inappropriately held | <input type="checkbox"/> Substitute product or service |
| <input type="checkbox"/> Explanation of why problem occurred and what steps
your agency is taking to avoid it recurring | <input type="checkbox"/> Technical assistance |
| <input type="checkbox"/> Other (please specify): _____ | |

Systemic Change Required? If yes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Culture | <input type="checkbox"/> Supervision/control | <input type="checkbox"/> Record Keeping |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Training | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Delegation | <input type="checkbox"/> Resourcing | |
| <input type="checkbox"/> Other (please specify): _____ | | |

To be completed by Chief Executive Officer:

Name: _____ Position: _____
 Phone: _____ Email: _____
 Date complaint received: _____ Date complaint finalised: _____

Further Action Required: Yes No Management review Root cause analysis & corrective action

Results of further action/analysis: _____

Was complaint justified? Yes No Partly

Date file closed: _____ Closure authorised by: _____

Date details entered in database for trend analysis: _____