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**COMPLAINT FORM**

**This form is to assist you in making a complaint in relation to Encircle.**

If you need more space to complete this form, please attach additional pages.

**Your details:**

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| Name: |       |
| Full Address: |       |
| Email: |       |
| Home Phone:  |       | Mobile:  |       |

**Your Complaint:**

Please describe your complaint (attach additional sheets if necessary). Please include date/s, time/s, place/s and name/s if known.

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How have you dealt with the matter so far? *Spoken to staff, phoned manager etc.*

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What action would you like taken to resolve your complaint?

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**We encourage you to bring someone to support you as we work to resolve this complaint e.g. come to a meeting with you etc.**

**Please sign and date this form.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Signed: |       |

You can return this form in person, by mail, by email or fax.

**Telephone: (07) 3889 0063**

**Fax: (07) 3285 1531**

**Email: encircle@encircle.org.au**

**865 Gympie Road
LAWNTON QLD 4501**

**PO BOX 489 Lawnton QLD 4501**

**Office use only:** To be completed by the Manager. The Manager is to contact the complainant within 5 working days to discuss what action is proposed/has been taken. The CEO is to be informed immediately upon receipt of a formal complaint. The CEO will advise the Board.

**Action Taken**: *Include dates, times and people involved*

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**Follow-up**: *Include dates; time;people involved.*

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**Resolution**: *what was the outcome?*

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**Communication:** *how was the outcome communicated to the complainant and any other relevant stakeholders?*

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**General Comments**: *points to consider/action to be taken to avoid recurrence of this type of complaint; feedback on the complaints process*

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Complaint included on Continuous Improvement Plan? Yes/No Complaint number

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| --- | --- | --- | --- |
| Date: |       | Signed: |       |