

# POLICY / PROCEDURE

## COMPLAINT REGISTRATION FORM Version 1 – Effective April 2022

Date of lodgement of complaint: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Please use this form to register a complaint. You can contact the Office if you need help completing this form. (08 9448 6376 or admin@rdacarine.org.au).

All complaints will be recorded in the RDA Carine Complaints Register. All complaints will maintain the privacy and confidentiality of all persons involved.

### Complainants Information

Name: *(Please circle)* Mr, Mrs, Miss, Ms \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

If making the complaint on behalf of someone else, please fill out the below

Name: *(Please circle)* Mr, Mrs, Miss, Ms \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Acting on behalf of: \_\_\_\_\_

Are there other people affected by this complaint? Please give their names: \_\_\_\_\_

\_\_\_\_\_

### Nature of complaint?

Name of person / people / group: \_\_\_\_\_

Position person(s) *(if relevant or known)*: \_\_\_\_\_

Your relationship to the person / people / group: \_\_\_\_\_

*It may be necessary to provide the details of the complaint to the person / people / group the complaint has been made about, to ensure procedural fairness and to assist to assess, investigate and attempt to resolve the complaint.*

Were there any witnesses? Please give their names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date(s) the incident(s) occurred: \_\_\_\_\_

**Please describe your complaint in detail and how you were affected?.**

*Include accurate dates / times, location, who were present, what happened and how did it affect you.*

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*Please attach separate sheet if you need more space.*

Please list any documents or other evidence relevant to your complaint below and attach.

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Have you tried to resolve the problem yourself first with the person(s) involved?

If yes, please describe details below, including dates, outcome and any people who were involved.

If you haven't, please explain why this was not possible or reasonable.

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How would you like your complaint to be resolved? \_\_\_\_\_

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Have you made a complaint about this issue to anyone else – who?

*(For example: Police, Equal Opportunity Carine, NDIS, Ombudsman)*

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**Declaration** – I, the complainant, warrant that all information provided is accurate and true.

I have read and understood the RDA Carine Complaints and Resolution Policy and Procedure.

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

Representative acting on behalf of the complainant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

*The complainant needs to sign, even if someone else is complaining on their behalf. This is to show that the complainant has given them permission to complain for them.*

**What will happen next?** Your complaint will be forwarded to the relevant people to assess and investigate your complaint. You may be contacted to provide more information. You should receive acknowledgement of receipt of your complaint within 3 business days. Depending on the complexity of the complaint it may take up to 30 business days to receive a response with either an outcome or to inform you if more time is needed for a resolution.

**Office use only**

Date complaint first lodged: \_\_\_\_ / \_\_\_\_ / 20\_\_ Phone / Email / Letter / In person

(Please circle) Name of person receiving initial complaint: \_\_\_\_\_

Position: \_\_\_\_\_

Date Complaint Registration Form received: \_\_\_\_ / \_\_\_\_ / 20\_\_ Added in Register

Person handling complaint: \_\_\_\_\_

*(List name of President if committee/Board)*

Date(s) minuted in meeting(s): \_\_\_\_\_

Record of additional correspondence received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Final Outcomes, Solutions, Actions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Draft Date: Version 1: 30/04/2022

Review Date: 30/04/2023