

**Coast and Country Community Services Ltd.  
Section 3 Service Delivery  
Document 3.07-1-1 Complaint Record Form**

|                       |                      |
|-----------------------|----------------------|
| <b>Date Resolved:</b> | <b>Reference No:</b> |
|-----------------------|----------------------|

**COMPLAINT**                       **APPEAL**   
*Made via:* Telephone                       Letter (*attach*)                       In Person   
 Other (*please specify*)  .....

|  |              |
|--|--------------|
| <b>Received by</b> ( <i>Team Member name</i> ):  |              |
| <b>Position:</b>   | <b>Date:</b> |
| <b>Subject of complaint/appeal:</b>  |              |
| <b>Name of person making complaint/appeal:</b>   |              |
| Service User <input type="checkbox"/> Service Provider <input type="checkbox"/> Advocate <input type="checkbox"/><br>Other <input type="checkbox"/> ( <i>please specify</i> ):   |              |
| Address:   |              |
| Phone number:  |              |
| If the person is a Service User, state Preferred Key Contact with the Service:   |              |
| Name:  | Phone no:    |
| <b><i>Information to be given to the person for a complaint or appeal</i></b>  |              |
| <ul style="list-style-type: none"> <li>● <i>Reassure the person that all complaints/appeals are treated confidentially and that they will suffer no loss of service because they have made a complaint.</i></li> <li>● <i>Explain the complaints procedure.</i></li> <li>● <i>Remind the person that they have the right to use an advocate of their choice and refer them to appropriate consumer advocacy services.</i></li> <li>● <i>Thank the person for their complaint and explain that complaints are valuable in helping to maintain and improve the service.</i></li> </ul> |              |
| <b>Details of Complaint/Appeal:</b>  |              |
| .....  |              |
| .....  |              |
| .....  |              |
| <i>Thank the person for their feedback, reassure them that the complaint/appeal will be taken seriously and someone from the office will contact them as soon as possible.</i>   |              |
| <b>Office Use Only</b>   |              |
| <b>Comments:</b>   |              |
| .....  |              |

***Please turn over***

|  |                  |
|--|------------------|
| <b>Service User Details</b><br><i>(If different to person making complaint/appeal)</i> |                  |
| Name:  | Phone No:        |
| Relationship to person making complaint/appeal:  |                  |
| <b>Carer Details</b>   |                  |
| Name:  | Phone No:        |
| Relationship to person making complaint/appeal:  |                  |
| <b>Advocate Details</b>  |                  |
| Name:  | Phone No:        |
| Relationship to person making complaint/appeal:  |                  |
| <b>Action to be taken:</b>   |                  |
| .....  |                  |
| .....  |                  |
| .....  |                  |
| .....  |                  |
| <b>Outcome</b> <i>(e.g. resolution of complaint , policy change request, etc.):</i>    |                  |
| .....  |                  |
| .....  |                  |
| .....  |                  |
| <b>Follow-up</b> <i>(include contact with person who made complaint):</i>              |                  |
| .....  |                  |
| .....  |                  |
| .....  |                  |
| .....  |                  |
| Team Member <i>(initial complaint recipient)</i> has been notified of action taken     |                  |
| Yes <input type="checkbox"/> No <input type="checkbox"/>                               |                  |
| <b><i>Team Member who has dealt with complaint/appeal</i></b>                          |                  |
| <b>Name:</b>   | <b>Position:</b> |
| <b>Signature:</b>  | <b>Date:</b>     |