**Bullinah**

**Client Complaint Form**

**ABOUT YOU**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dr/Mr/Mrs/Miss/Ms (please circle)**  **Name:** | | | **Address:**  **Postcode:** | |
| **Date of Birth:** |  | **Mobile Number:** | |  |
| **Telephone Numbers:** | **H:** | | **W:** | |
| **If you are complaining on behalf of another person, what is your relationship to them? *(eg. Self, son, mother)*** | | | | |
| **What is the name of the person you are complaining on behalf of?** | | | | |
| **Who or what is the feedback about? Please explain in detail including dates: *(If you need more paper please attach to the back of this form.)*** | | | | |

***How can we help to solve this issue – please note that any complaints made, will go through the complaints procedure as set out in the Bullinah’s Policies and Procedures manual. We will endeavour to solve this issue if possible – and ensure that you are kept informed.***

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| --- | --- |
| **Have you spoken to the CEO about this issue?**  **YES NO *(please circle)*** | **If yes – What Date?** |
| **What was the outcome?** | |

***Please attach any other information that may assist us with your complaint.***

***Privacy Act:***

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| ***Complainant Statement:*** |
| **I have read and understood the privacy statement regarding collection of my personal and health information.** |
| **The information I have provided is true and correct.** |
| **Signature: Date:** |
| **Name:** |
|  |

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| --- |
| ***OFFICE USE ONLY*** |
| ***Received By:*** |
| ***Date:*** |
| ***Forwarded to :*** |
| ***All relevant information including responses from the Bullinah Health Service will be attached to this form and filed in Incident/Complaints filing system.*** |

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| ***Follow Up Form: Client Complaint*** |

***Original Claim Made By:…………………………………………. Date:……………………….***

***Name of person handling claim:……………………………… Date Received Claim:…………..***

***Position:……………………………………..***

***Has this issue been resolved? YES NO If yes how and when? If NO please list actions taken and problems encountered while resolving this issue.***

***…………………………………………………………………………………………………..…………………………………………***

***…………………………………………………………………………………………………………………………………………….***

***Steps Taken:***

|  |  |
| --- | --- |
| ***Date:*** | ***Action:*** |
|  |  |
|  |  |
| ***Date:*** | ***Action:*** |
|  |  |
|  |  |
| ***Date:*** | ***Action:*** |
|  |  |
|  |  |

***Notes:………………………………………………………………………………………………………………………………..***

***…………………………………………………………………………………………………………………………………………..***

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| --- | --- | --- |
| ***For Office Use Only:*** | | |
| ***Date:*** | ***Received by:*** | ***Forwarded to:*** |