**SHAC Complaint Form**

This form is to assist you with making a complaint to our organisation. All persons wishing to make a complaint can speak with Management, or a staff member of choice directly, or choose to complete this form. All information is strictly confidential. If you feel unsure about anything or would like help to complete this form, please ask. We encourage you to make your complaint in writing.

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| --- | --- | --- | --- |
| **Personal Details:** The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on. | | | |
| *Name:* |  | | |
| *Postal Address:* |  | | |
| *Email:* |  | | |
| *Contact Number:* |  | | |
| **Previous Complaints:** Information regarding previous complaints made. | | | |
| *Have you lodged a complaint with our organisation before?* | | | Yes  No  Unknown |
| *If yes to the above, was the matter resolved?* | | | The matter was resolved  The matter was not resolved |
| **Representation or Support:** This section is optional. | | | |
| *Is there someone else (e.g. legal representative or support person) that you would like involved in making this complaint?* | | | Yes  No  Unknown  (if yes, provide details below) |
| *Name:* |  | | |
| *Postal Address:* |  | | |
| *Email:* |  | | |
| *Contact Number:* |  | | |
| **Details of the Complaint:** | | | |
| *Is this complaint related to:* | Employee of the organization  Service delivery  Facilities  Specific incident  Neighbourhood complaint  Other (please describe) | | |
| *What happened:* |  | | |
| *Where it happened?* | |  | |
| *When it happened? (include dates if possible)* | |  | |
| *Who was involved? (all names, including any other witnesses)* | |  | |
| *Any other relevant details:* | |  | |
| **Discussions with Respondent:** Information regarding any discussions with person/s involved. | | | |
| *Have you discussed the matter with the person/s involved?* | | Yes  No | |
| *If yes, what was the outcome, if any? (Please attach any paperwork relating to your complaint to the respondent and any letter of reply you have received)* | |  | |
| *If no, is there reason/s that you cannot do so? (Do you need help to do this, e.g. for safety or cultural reasons)* | |  | |
| **Confirmation of Complaint:** To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can. | | | |
| *Signature of Complainant:* | |  | |
| *Date:* | |  | |
| *Complaint taken over the phone/email by: (worker name)* | |  | |
| **Actions Taken:** SHAC USE ONLY | | | |
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