

# Complaints Form

<b>DATE</b>	<b>COMPLAINT RECORD REFERENCE</b>	<b>COMPLAINT ASSIGNED TO</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>YOUR NAME</b>	<b>POSITION</b>	
<input type="text"/>	<input type="text"/>	

How was the complaint received (e.g. phone, email, in person)? \_\_\_\_\_

Name of complainant \_\_\_\_\_

1. Name of child or young person involved in the complaint \_\_\_\_\_

2. Name of person making the complaint [if different to above] \_\_\_\_\_

3. Name of the person about whom the complaint was made [if applicable] \_\_\_\_\_

## CONTACT DETAILS:

4. Complainant contact details

a) Address \_\_\_\_\_

b) Phone number \_\_\_\_\_ c) Email \_\_\_\_\_

d) Preferred contact method \_\_\_\_\_

## DETAILS RELATING TO THE CHILD OR YOUNG PERSON:

5. Age \_\_\_\_\_ 6. Gender \_\_\_\_\_

7. Do they identify as Aboriginal or Torres Strait Islander? Yes / No

8. Are they from a culturally and linguistically diverse background? If, yes, specify: \_\_\_\_\_

9. Are they in out-of-home care? Yes / No

10. Do they have a disability? If, yes, provide any relevant details \_\_\_\_\_

\_\_\_\_\_

11. Do they have communication support needs? Yes / No

If yes, was the child or young person offered an interpreter, a communication assistant, support person, advocate, family member? \_\_\_\_\_

Any other supports? \_\_\_\_\_

12. Provide any relevant information relating to the child or young person's preferred communication methods, support needs, and involvement in the complaint-handling process

\_\_\_\_\_

\_\_\_\_\_

13. If the complainant has a disability, provide any relevant details relating to their guardianship, advocacy or other decision-making arrangements

\_\_\_\_\_

\_\_\_\_\_

## DETAILS RELATING TO THE COMPLAINANT

*(if made by an adult on behalf of  
the affected child or young person)*

14. Age \_\_\_\_\_ 15. Gender \_\_\_\_\_

16. Relationship to the affected child or young person \_\_\_\_\_

17. Do they identify as Aboriginal or Torres Strait Islander? Yes / No

18. Are they from a culturally and linguistically diverse background? \_\_\_\_\_

If yes, specify \_\_\_\_\_

19. Do they have a disability? If, yes, provide any relevant details \_\_\_\_\_

20. Do they have communication support needs? Yes / No

If yes: Was the complainant offered an interpreter? Yes / No

Was the complainant offered a communication assistant? Yes / No

Any other supports? \_\_\_\_\_

21. Provide any relevant information relating to the complainant's preferred communication methods, support needs, and involvement in the complaint-handling process

## NATURE OF THE COMPLAINT:

22. Complaint description (accurately record the issues, concerns, details of any witnesses, as far as possible in the child's own words)

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23. What outcome to the complaint is the complainant seeking?

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## IMMEDIATE RISK CONSIDERATIONS:

24. Details of any injuries and if the child or others received medical attention

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25. Does the complaint indicate the possibility of criminal conduct? Yes / No / Unsure

26. Is a mandatory child protection report required? Yes / No

27. Does the complaint involve a reportable allegation/incident? Yes / No / Unsure

28. Is any immediate risk management action required? Yes / No

## NEXT STEPS:

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Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLAINT RECORDS SHOULD BE SENT TO AND FILED AT 6 BOAKE PLACE, GARRAN, ACT 2605**