



Please complete this form using details from Appendices A and B (or C) of the *FACS Community Complaints Guidelines for Ageing and Disability Direct Services (Revised December 2015)*.

## Section A – Complainant Details

### Person making the complaint (complainant)

First Name:	Surname:
Preferred Contact 1:	Preferred Contact 2:

### Who is this complaint about? (select one)

Self (*continue to Section B*)

On behalf of someone else – Provide details below e.g. advocate, family, service provider.

Person's Name:

Your relationship:

Person's Address:

## Section B – Complaint Details

Date received:	Date Acknowledgement Sent:
----------------	----------------------------

Complaint Details:

## Section C – Action

Action to address, manage and/or resolve the complaint	Timeframe	Person Responsible

## Section D – Outcome/Follow Up

Date Finalised:

Details of Outcome:

Follow up (if appropriate):

**Please submit this completed form to your line manager or as per local process.**