CONCERNS/COMPLAINTS FORM

Concerns/complaints #: _____

If you have a concern or complaint, we want to know about it.

Harmony Support Australia will work with you to resolve your concern/complaint as soon as practicable. We recognise however that some concerns may take longer than others to resolve depending on their complexity. The following timeframes apply:

Low complexity complaint matters are to be concluded as soon as practicable but within no more than **2 weeks**
Medium complexity complaint matters are to be concluded as soon as practicable but within no more than **1 month**
High complexity complaint matters are to be concluded as soon as practicable but within no more than **3 months**

Please email the completed form to feedback@harmonysupport.com.au.

Personal Details (Leave the space blank accordingly if you want the complaint to be made anonymous)							
Name:		**Email:**					
Address:							
Phone:		**Mobile:**					
Would you like a family member/advocate to assist you in this process?			**YES**		**NO**		
Name of person:		**Relationship to you:**					
Contact details of the nominated family member/advocate (if nominated)							
Phone:		**Email:**					
How is the concern/complaint being made?	**Phone**		**In person**		**In writing**		**Other**
What is the complaint in relation to?	**Employee**		**Service Delivery**		**Specific incident**		**Other**
Please provide details;							
Details of the concern/complaint: e.g. when, where:							

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Who was involved including witnesses? *(If witnesses are willing to be contacted, please provide contact details).*
Any other relevant details?

Have you discussed the matter with the person/s involved?	**YES**		**NO**	
If yes, what was the outcome?				
If no, is there any reason/s you can not do so? Would you like assistance to do this?				

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How would you like to see your complaint resolved? What actions would you like Harmony Support Australia to take to resolve your complaint?

Reported to:		**Date:**	

OFFICE USE ONLY					
Complaint Management Timeframe					
	Low (2 weeks)		**Medium (1 month)**		**High (3 months)**
Follow up actions/outcomes:					

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File Notes attached:			**YES**		**NO**
Completed by:					
Name:		**Signature :**		**Date:**	