



# 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](mailto: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:	
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## **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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<b>Who was involved including witnesses?</b> <i>(If witnesses are willing to be contacted, please provide contact details).</i>			
<b>Any other relevant details?</b>			
<b>Have you discussed the matter with the person/s involved?</b>		<b>YE S</b>	<b>NO</b>
<i>If yes, what was the outcome?</i>			
<i>If no, is there any reason/s you can not do so? Would you like assistance to do this?</i>			

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<p><b>How would you like to see your complaint resolved? What actions would you like Harmony Support Australia to take to resolve your complaint?</b></p>	
<b>Reported to:</b>	<b>Date:</b>

<b>OFFICE USE ONLY</b>			
<b>Complaint Management Timeframe</b>			
<input type="checkbox"/> Low (2 weeks)	<input type="checkbox"/>	<input type="checkbox"/> Medium (1 month)	<input type="checkbox"/> High (3 months)
<b>Follow up actions/outcomes:</b>			

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<b>File Notes attached:</b>			<b>YES</b>	<b>NO</b>	
<b>Completed by:</b>					
<b>Name:</b>		<b>Signature</b> :		<b>Date:</b>	