



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:	
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Address:	
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Phone:		Mobile:	
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Would you like a family member/advocate to assist you in this process?	YES		NO	
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Name of person:		Relationship to you:	
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Contact details of the nominated family member/advocate (if nominated)

Phone:		Email:	
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How is the concern/complaint being made?	Phone		In person		In writing		Other	
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What is the complaint in relation to?	Employee		Service Delivery		Specific incident		Other	
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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	
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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:			