

Commendations & Complaints

CC01



This feedback to **scosa** is a COMMENDATION COMPLAINT Date: ____ / ____ / ____

A. DETAILS about YOU (the person giving the feedback to **scosa**)

Your First Name: Your Surname:

Phone Numbers: Work: Home: Mobile:

Your address: Postcode:

Your email address:

Are you a - CLIENT PARENT/FAMILY MEMBER CARER STAFF MEMBER Other _____

B. CLIENT DETAILS:

If you are providing this feedback on behalf of a client, please provide the following details about the client to whom the feedback relates:

Client First Name: Client Surname:

scosa location: Program:

Does the client require advocacy assistance with this feedback? Yes / No Comment _____

C. DETAILS

What is this about?

Date of event / / Where did it occur? Time: am / pm

Please describe what happened (who, what, how etc) – if insufficient space, please attach additional page/s

Name(s) of scosa staff, clients or other people involved or witnesses to the event:	Name: <input type="text"/>	Contact No. <input type="text"/>	Staff <input type="checkbox"/>	Client <input type="checkbox"/>	Other <input type="checkbox"/>
	Name: <input type="text"/>	Contact No. <input type="text"/>	Staff <input type="checkbox"/>	Client <input type="checkbox"/>	Other <input type="checkbox"/>
	Name: <input type="text"/>	Contact No. <input type="text"/>	Staff <input type="checkbox"/>	Client <input type="checkbox"/>	Other <input type="checkbox"/>
	Name: <input type="text"/>	Contact No. <input type="text"/>	Staff <input type="checkbox"/>	Client <input type="checkbox"/>	Other <input type="checkbox"/>

What would you like to happen as a result of your feedback?

Signed: Date:

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COMMENDATION:

		Date	Name	Signature
1.	Receipt of Commendation on Register			
2.	Commendation acknowledged			
3.	Complete Commendations & Complaints form			
4.	Copy of commendation provided to PCQ			

COMPLAINT:

		Date	Name	Signature
1.	Receipt of complaint to GM-PCQ (1 working day)			
2.	Details placed on Complaints Register			
3.	Contact complainant (2 working days)			
4.	Assign complaint management			
5.	Complete initial assessment			
6.	Resolved date			
7.	If not resolved, investigation commenced			
8.	Corrective Action: a) Commenced b) Completed	a) b)	a) b)	a) b)
9.	Communication with complainant - within 14 days of receipt - every 3 weeks			
10.	Complete Complaints Register upon resolution			