

Complaints and Feedback Form

Person receiving complaint / feedback Name:			
Member's Name:		Other person/s involved:	
Helper's Name:		Date:	Time:
How was the complaint / feedback received:			

Details of person making complaint / feedback Name:		
Address:		
Contact number:	Contact Email:	
Are they a Member or Helper:	Does the person wish to be anonymous?	
Connection to FGF		

Complaint / Feedback details:
<p>Outline the nature of the complaint / feedback, when this occurred, who was involved, what happened, what actions have occurred to date, whether there has been any resolution suggested.</p>

What outcome is the complainant seeking?

Attach statement if insufficient space available

Analysis of the event - describe what actions, &/or conditions contributed to the event

Supervisor/Manager to Complete:

Review by the Supervisor/Manager
<p><i>Briefly describe the findings of your review / investigation</i></p>

Corrective Action Specify the actions taken or actions planned to resolve complaint or manage feedback	
Corrective Action	Person Responsible for Action Date Completed
Person Verifying Actions Completed:	
Was complaint resolved to the satisfaction of the complainant?	
Date of Verification:	
Date matter closed:	

Office Records:	
Reported to Management:	Name:
Insurance Claim Notification (if relevant):	Name:
Statutory Authority Notified (if relevant):	Name:
Signature of Person Confirming Information:	Name: