

# Complaint Form



## Section 1: To be completed by Complainant

Date:

Name of Complainant:

Address:

Phone Number:

Email Address:

Preferred Contact Method:

If complaining on behalf of someone else, details of that person:

Relationship to person:

My complaint is:

*(What happened? When did this occur? Who was involved?)*

What have you done to address your complaint?

**Section 2: To be completed by Mai-Wel staff actions**
**Mai-Wel Actions**

What actions have been taken?

Are there any improvements?

Recorded on Local Complaints Register: <i>(evidence recorded as per procedure)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Local Complaint reference number:	
Is it a Complex Complaint: <i>(must be emailed to complaints@maiwel.com.au)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Emailed sent/date:	

Was the person making feedback and complaint advised of the outcome?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date:		By Whom:	
-----	--------------------------	----	--------------------------	-------	--	----------	--

If this person is not happy with the outcome, have they been advised of External Referral Bodies?: