



R&R Care

Complaint Form

(Staff member or participant/carer to complete)

Date of Complaint:

Complaint Received By:

Complaint Made Via

- Telephone
- Letter (attached)
- In person
- Other

Subject of Complaint:

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Details of the complaint should be written below. If there is insufficient space, attach extra sheets.

Name of Complainant:

Address:

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Phone Number:

Detail of Complaint:

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Participant's Details:

(If different from complainant)

Name:

Address:
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Phone Number:

Carer/Representative's Details

Name:

Address:
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Phone Number:

Relationship to Complainant:

Advocates Detail's

Name:

Address:
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Phone Number:

Advocate's Relationship to Complainant:

Office Use Only

Action to Be Taken:
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Outcome:
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Follow-up:
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Signed:

Quality Officer Date.....

General Manager Date