PoDDSS Pty Ltd
Professional Disability Development Supports & Services

Feedback Complaints and Appeals Form

PERSONAL DETAILS			
Name (you don't need to give your name if you don't want to, but PoDDSS may not be able to get more information if they need it)		**Date received**	
Report Made in Relation to:	**Feedback** ☐ **Complaints** ☐ **Appeals** ☐		
☐ Staff member ☐ Client ☐ Support Person/Advocate ☐ *Other:*			
Name of Person of Concern			
Name of other parties involved and indicate their involvement	_____ ☐ Staff ☐ Service User ☐ Support Person/Advocate *Other:* _____ ☐ Staff ☐ Service User ☐ Support Person/Advocate *Other:*		
Date/s occurred			
Nature of the Grievance/Complaint: [attach separate page if insufficient room] DOT POINTS PLEASE			

Signature		**Date**	

OFFICE USE ONLY

Receiving complaint	**Initial x**		
Receipt of complaint	x	**Date /Time**	
Complaint form filled out	x	**Date /Time**	
Additional information attached	x	**Date /Time**	
Information given on complaint process	x	**Date /Time**	
Sent to Clinic Director within 24h of receipt	x	**Date /Time**	
Name			
Position			
Signature	**X**		
Date			

Initial details			
Level of Complaint and date of intended resolution	Low	Medium	High
Made contact with complainant	Notes of contact to be included with this form, (see below)	**Date /Time**	
Signature		**Date**	

Record of Contact and further details:	Sign and date for traceability

Record of Resolution – Actions to be taken			
Details of task	**Who is responsible**	**By When**	**Completed**

Outcome of Resolution Process

Has the complaint been resolved?
☐ Yes ☐ No If no, what further action is required:

Signatures upon resolution					
Name		**Signature**		**Date**	
Name		**Signature**		**Date**	
Name		**Signature**		**Date**	

PoDDSS acknowledges and respects the privacy of both staff and complainants. A copy of PoDDSS Privacy and Confidentiality Policy is available upon request.