

COMPLAINT SUBMISSION FORM

Our service is committed to providing high quality care and services and meeting your needs.

We value your feedback – including complaints. Use this form to register your complaint.

Complaints that relate to an aspect of the day to day operation of the organisation, the physical structure of the building, a member of staff other than the Manager or a volunteer should be submitted in the first instance to the Manager.

Complaints relating to the Manager or a member of the Committee of Management should be submitted to the CoM secretary at secretary@wonthaggineighbourhoodcentre.com

Alternatively, printed form can be submitted by post or in person at 6 Murray St., Wonthaggi 3995.

Section 1: Your details

Personal details

First Name:

Last Nar	ne:							
Postal a	ddress:							
Telephone number:		ber:						
Mobile number:								
Email address:								
Do you re	equire a	an inter	preter?					
yes		no		If yes,	which	language?		
Are you providing feedback on another person's behalf? (Indicate your response with an X)								
no (go to Section 4)		on 4)		yes				

Section 2: Complaint made on another person's behalf

Please provide the following details about the person on whose behalf you are acting:

First Name:						
Last Name:						
Postal address:						
Telephone number	er:					
Mobile number:						
Email address:						
Please provide dacting:	etails of your relationship to the person on whose behalf you are					
	oresentative for the person who received the service? nild under 18 years or guardian – indicate your response with an X)					
yes no						
If yes , please prov	ride details:					
Does the person k with an X)	now you are making a complaint on their behalf? (Indicate your response					
yes no						
If no , please provide the reason why:						

f no , please provide the reason why:							
nsent							
If you are submitting this complaint on another person's behalf, we require the consent of the other person to obtain and pass on personal information relevant to this complaint. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.							
Date:							
t							
ude date and time if possible, if any others were nown and any other relevant information.							

Section 5: Has any action already been taken in relation to this complaint?

Have you discussed your concerns with Wonthaggi Neighbourhood Centre or another agency or person? (Indicate your response with an X)

/es		no				
		110				
yes, w	ith who	m and w	hat was	the outcome?		
ectio	on 6:	Are t	here	anv specific out	comes that v	ou would
				any specific outo		ou would
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Section 7: Privacy

Wonthaggi Neighbourhood Centre is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

Wonthaggi Neighbourhood Centre will only use your information in accordance with relevant privacy and other laws. Please note that in order for us to investigate a complaint appropriately we may need to share your personal information with other relevant persons or organisations.

Section 8: Declaration

I declare that the information	provided on th	nis form is true	and correct to	the best of	f my
knowledge.					

Signature:	Date:	

Thank you for taking the time to provide feedback about our service.

We are committed to fully investigate any complaint and to keep complainants informed during the process. A report on the outcome of investigations will be provided when available.

The Wonthaggi Neighbourhood Centre Complaint Management Policy is available on our website and includes a detailed description of the process that applies in response to a complaint. A hard copy of the policy if desired, is available on request from reception at 6 Murray Street, Wonthaggi.