



## Complaints, Reporting & Action Lodgement Form

This form can be used to lodge complaints and grievances.

The appropriate complaints and appeals process is required to be followed, as outlined in the Complaints Management Policy and Procedures.

Complaints lodged in writing will be accepted as formal grievances/complaints or appeals.

Please attach a copy of relevant information, forms and other documentation as applicable.

<b>First Name</b>	
<b>Last Name</b>	
<b>Phone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Brief Description of Complaint</b>	
<b>Date of Submission of Form</b>	

Please indicate preferred method of contact:

- Phone
- Email
- Mail

### Type of Complaint

- I am making the complaint on behalf of myself
- I am making the complaint on behalf of someone else  
Please state who the complaint is on behalf of and your relationship to them:
  
- I am making the complaint on behalf of a service/organisation. Please state the name of the organisation and job title.

### Complaint Topic

- Staff member
- Training
- Carer Connection Line
- Event
- Organisation communications
- Organisation operations
- Other

Please provide a brief description of your complaint outlining (if possible) dates, times, people and locations as this will assist us in responding to your complaint. We also encourage you to identify your desired outcomes and expectations to resolve the complaint.

**When you have completed this form, please provide it to:**

- A staff member, or
- Post it to us at Suite 2.03, Level 2, 3 Spring Street, Wynyard NSW 2000, or
- Email it to us at [MHCNadmin@mentalhealthcarersnsw.org](mailto:MHCNadmin@mentalhealthcarersnsw.org)