**Complaints Form**

This form can be used to lodge complaints to MHCN.

The appropriate complaints process is required to be followed, as outlined in MHCN’s Feedback and Complaints Management Policy.

Complaints lodged in writing will be accepted as formal complaints.

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

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Phone** |  |
| **Mobile** |  |
| **Email**  |  |
| **Address** |  |
| **Brief Description of Complaint** |  |
| **Date of Submission of Form** |  |

**Indicate your preferred method of contact**

[ ]  Phone
[ ]  Email
[ ]  Mail

**Complainant**

[ ]  I am making the complaint on behalf of myself
[ ]  I am making the complaint on behalf of someone else.
[ ]  I am making the complaint on behalf of a service/organisation.

State the name of the person making the complaint or the name of the organisation or service making the complaint.

**Complaint Topic**

[ ]  Staff member/student/volunteer
[ ]  CEO
[ ]  Board/Board Member
[ ]  Training
[ ]  Carer Connection Meeting
[ ]  Carers of Forensic and Corrections Patients Network
[ ]  Carer Connection Line
[ ]  Event e.g., Peak Speaks
[ ]  Consultation
[ ]  Publication e.g., Annual Report, newsletter, etc.
[ ]  Organisation communications
[ ]  Organisation operations
[ ]  Other

If other, provide a brief description:

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, provide it to:**

* An MHCN staff member, or
* Post it to MHCN at: Suite 2.03, Level 2, 3 Spring Street, Sydney NSW 2000, or
* Email it to MHCN at: mhcnadmin@mentalhealthcarersnsw.org