

Complaints



Gladstone Women's Health Centre is committed to continuous improvement of its services. Client complaints will be received and managed in a confidential, fair, and timely manner.

All persons wishing to make an official complaint may choose to speak with the Director or staff member of choice or choose to complete this form.

All information is strictly confidential.

We encourage you to make your complaint in writing. If you feel unsure about anything or would like help to complete this form, please speak to the Director.

Steps:

Complaint Lodged



You will be contacted with 5 working days to discuss the complaint and your desired resolution



Within 14 days of your initial conversation with the Director, or appointed representative, you will be informed of the resolution proposed by the Gladstone Women's Health Centre.



When a satisfactory resolution is reached, it will be implemented within 14 days of that decision.

Personal Details:

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name: Mr/Mrs/Miss/Ms: _____

Postal Address: _____

_____ P/Code: _____

Email: _____

Phone: _____ Preferred: / Mobile: _____ Preferred:

Is there someone else (legal representative or support person) that you would like to be involved in making this complaint?

No: Yes: _____
(Name of legal representative/support person)

Postal Address: _____

Phone: _____ Mobile: _____

Details of the Complaint:

Date of Incident: _____

Is the complaint related to:

Employee of the Organisation / Details: _____

Volunteer of the Organisation / Details: _____

Service Delivery / Details: _____

Facilities / Details: _____

Specific Incident: _____

What happened? _____

Have you discussed the matter with the person/s involved? No: Yes:
If yes, what was the outcome, if any?

If no, is there any reason/s that you cannot do so? Do you need help to do this, eg. for safety reasons, cultural reasons?

How would you like to see your complaint resolved? What action would you like the organisation to take to resolve your complaint?

Please sign and date this form.

Signature: _____

Date: _____

Additional Information/Supporting Documentation:

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or records of conversations you have had with the person/s associated with the complaint.

Supporting Documentation Attached: Yes No:

To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can.

Frequently asked questions:

If I have made a complaint, can I still access the service?

Yes - making a complaint will not exclude you from using our service.

We welcome feedback as a way of improving our service and you will not be penalised for this.

Who will see my complaint?

Your complaint will only be seen by those who are involved in the resolution.

We take confidentiality seriously and will protect client privacy.

Where else can I go?

If you would like further assistance, you can contact:

- Office of the Public Guardian - phone 1800 661 533 or (07) 3225 8325.
SMS on 0418 740 186.
- Queensland Ombudsman - phone 1800 068 908 or (07) 3005 7000.



CLIENT COMPLAINT FORM



Encouraging women to reach their full potential.

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Website: www.gladstonewomenshealth.org.au