

Client Complaint Form

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 Manager 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 Manager.

Complaints Process:

1. Complaint Lodged
2. You will be contacted with 5 working days to discuss the complaint and your desired resolution
3. Within 14 days of your initial conversation with the Manager, or appointed representative, you will be informed of the resolution proposed by the Gladstone Women's Health Centre.
4. 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:.....

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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?

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Have you discussed the matter with the person/s involved? No Yes

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

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