

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. Anyone wishing to make an official complaint may choose to speak with the CEO or Business Services Manager, or other staff member of choice, to complete this form. All information is strictly confidential. We encourage you to make your complaint in writing. You can lodge the form in person or by mail to: The CEO, Gladstone Women's Health, 65 Central Lane, Gladstone Q4680 or by email to director@gladstonewomenshealth.org.au

Complaints Process:

1. Complaint Lodged.
2. You will be contacted with five (5) working days to discuss the complaint.
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 you provide will be used to contact you. Only provide the contact details that you wish to be contacted on.

Title: Mr Mrs Ms Miss Dr

Name:

Residential Address:

Postal Address: (If different from above)

Email:

Preferred Phone: Mobile:

Representative Details:

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

No *(please go to 'Details of the Complaint' section next page)*

Yes *(complete information below)*

Please complete the details of your legal representative/support person below:

Title: Mr Mrs Ms Miss Dr

Name:

Residential Address:

Postal Address: (If different from above)

Email:

Preferred Phone: Mobile:

Details of the Complaint

Form submission date: ___ / ___ / ___ Date of Incident: ___ / ___ / ___

Is the complaint related to:

Employee of GWH. Name of Person

Volunteer of GWH. Name of Person

Service Delivery. Please describe area this relates to

Facilities. Which Office/Location

Please describe your concern

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When did this incident occur

Where did it occur

Were there others there? Yes No . If so, please try and name these people or describe who they were

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Did you discuss this with the person involved? Yes No . If you did discuss this matter, what was the outcome?

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If there are reasons you could not or cannot discuss this with the person (cultural, situational, other etc), please explain why so we have a better understanding of the situation.

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What outcome are you seeking?

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Is there anything else you would like to say on this matter?

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Thank you for taking the time to make your complaint, as it helps us improve our services. Please phone 07 4979 1456 or freecall 1800 749 222 if you need assistance or have any questions regarding this form or how we manage the information you provide.