**HIPPY Australia Complaints Form**

HIPPY Australia wants to provide you with the best possible program. We strive to continually improve our program and we value your feedback. We would like to work with you to help resolve any outstanding issues and find the best possible solution for your concern.

If you wish to have a manager investigate a concern or issue, and have a formal response, then please use the form below. You can complete this yourself, or give the details to another person or a staff member who can fill in this form.

If you wish to suggest improvements to our services without a formal process, please do this via the feedback form available at www.hippyaustralia.org.au. We also value compliments.

Please submit this form to HIPPYfeedback@bsl.org.au.

|  |  |
| --- | --- |
| **Section A - Lodgement of Complaint**  To be completed by person lodging the complaint or in the case of a telephone complaint the person taking the call. | |
| **1. Complainant Details:** | |
| **Full Name:** | **Date of Lodgement:** |
| **You are:**  **Tutor**   **HIPPY Parent**   **Coordinator**   **Line Manager**   **Member of the public**   **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **You are making a Complaint about:**    **HIPPY**   **HIPPY staff member**  **HIPPY materials**  **Other Please state: ......................................................................** | |
| **Do you require a formal response**   **Yes**   **No** | |
| **Contact Address** | **Preferred Contact No.** |

|  |  |  |
| --- | --- | --- |
| **2. Complaint Details** | | |
| **Please provide a detailed explanation of the complaint including information on:**   * + The name/s and positions of person/s involved (include the name of any witnesses).   + Dates and times of events.   + Details of any action you have already taken in regard to this complaint.   **Attach extra sheets as required and please be sure to also attach copies of any documents relating to your complaint.** | | |
|  | | |
| **Please provide an explanation of the outcome you are seeking.** | | |
|  | | |
| Privacy Notice:  The information provided on this form will be used to follow up your complaint. The information may be provided to staff or external bodies who are in a position to remedy your complaint. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submitted this form to. | | |
| **3. Declaration** | | |
| **Online or verbal Declaration** | **Handwritten Declaration** | |
| **I declare that the information provided above is true and correct**  **Signature: [Type name]**  **Date:** | **I declare that the information provided above is true and correct**  **Signature:**  **Date:** | |
| **4. Office Use Only** | | |
| **Received By (Name):** | | **Complaint/Appeals Register No:** |
| **Signature:** | | **Date:** |
| **Management Level Notified**  **Senior Manager**   **National Manager**   **General Manager**  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

|  |  |
| --- | --- |
| **Section B - Investigation of Complaint** | |
| **1. Investigation Details** | |
| **Investigation undertaken by:**  HIPPY Australia    HIPPY Provider Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Complainant Name:** | **Date of Complaint:** |
| **Investigated By:** | **Complaint Register No:** |
| **2. Investigation findings** | |
|  | |
| **3. Action taken** | |
|  | |
| **4. Outcome** | |
|  | |
| **5. Declaration** | |
| **I declare that the complaint was investigated thoroughly, fairly, without bias and to the best of my ability.**  **Investigator's Signature: Date:** | |

|  |
| --- |
| **Management Action**  **Details of how complainant was advised of outcome** |
| **Letter**  **Email**   **Phone Call**  **Meeting Date:** |
| **Is the Complaint:**  **Ongoing**  **Closed**  **Referred to Senior Management**  **Referred to external agency** |
| **All relevant information uploaded to Complaints Spreadsheet**   **Yes**  **No** |
| **Internal Recommendation:**  **HR Issue**    **Change to Policy**  **Change to procedure**  **Review system and process**  **Create Continuous Improvement Action**  **Further Information:** |

|  |
| --- |
| **Complaint Sign Off** |
| **Form Quality checked for complete Information**  **Yes**  **No**    **Managers Name: Title:**  **Signature: Date:** |

|  |
| --- |
| **If Complaint was raised to GGM at any stage this section must be completed** |
| **Signed off by GGM:**  **Signature: Date:** |