



Support Asian Women’s Friendship Association Inc.

亞洲婦女聯誼協會

Empowering Women From Culturally and Linguistically Diverse (CALD) Backgrounds

CLIENT COMPLAINT FORM

(please complete and submit to saws.communication@gmail.com)

Date of Complaint:.....

Complaint Received By:.....

Complaint Made Via: Telephone Letter (attached) In person Other

Information to be given to the complainant:

1. Reassure complainant that all complaints are treated confidentially and that they will suffer no loss of service because they have made a complaint.
2. Explain the complaints procedure.
3. Remind the complainant that they have the right to use an advocate (e.g., carer/representative) of their choice.
4. Thank the complainant for their complaint and explain that complaints are valuable in helping to maintain and improve the service.

TO BE COMPLETED BY COMPLAINANT

Contact Details	
Title	
First name	
Last name	
Address	
Contact number	
Email	
I prefer to stay anonymous <input type="checkbox"/>	
<i>Please note that anonymous submission of complaints may restrict the ability of Support Asian Women's Association Inc (SAWs) to address the issue reported.</i>	

If you are acting on behalf of a client, please provide the details below.

Client full name	
Relationship to the client	



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Outcome:
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Follow-up:
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Signed:
(Supervisor) (Date)

Complaint Register Information			
Complaint No.	(assigned from Register)		
Register update by			
Position			
Signature		Date	