



# CLIENT COMPLAINT FORM

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	

Detail of Complaint:.....

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# CLIENT COMPLAINT FORM

**Detail of Complaint Cont.** .....  
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**TO BE COMPLETED BY SAWs SUPERVISOR**

**Action to Be Taken:** .....  
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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	