

Complaint Record Form

You can use this Form to write down your concern or complaint.

If you need help filling out this form you can ask someone to support you:

- a family member or friend
- someone you trust
- an advocate

Person who is making the complaint:

- ☐ Me ☐ Family Member ☐ Advocate ☐ Guardian
☐ Friend ☐ Staff Member ☐ Other Person

Your Name: _____

Your Address: _____

Your Phone number: _____

Have you talked to anyone from VALID (e.g. Staff) about why you are unhappy?

Did they help you fill in this form Yes ☐ No ☐

Name of person: _____

Phone: _____ Email: _____

Date and time complaint was made:

Date: _____ Time: _____

What part of VALID are you unhappy about:

☐ Advocacy☐ Training☐ Projects☐ Membership☐ Conferences☐ Administration☐ Other (Can you tell us)

Can you tell us what you are unhappy about (what your complaint is)?

(Please attach further notes if required) Attachments: Yes ☐ No ☐

Is there anyone else who can tell us more about your concerns (complaint)?
(eg. someone else who saw or heard an 'event')

- ✓ VALID thinks that all concerns & complaints are important. They will keep your information private.
- ✓ You can ask for a copy of the VALID complaints policy if you like.
- ✓ VALID will look at your concerns & talk to people who can help to sort things out.
- ✓ VALID will then get back to you by telephone and/or in writing within two (2) weeks.

What is the best way for VALID to contact (eg. talk or meet) you about your concern?

Please tick Phone ☐ Writing ☐ Other ☐ _____

You should get someone to make you a **COPY this form**

Return this form to VALID c/o **Office Manager** 34 Stanley Street
Collingwood Victoria 3066