

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** Level 1, 144
Langridge Street, Collingwood 3066