**Participant Complaint Form**

Participant details

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Address |  |
|  |  |  |  |
| Phone |  | Date of birth |  |

Details of person making the complaint *(if different from above)*

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Address |  |
|  |  |  |  |
| Phone |  | Date of birth |  |
|  |  |  |  |
| Relationship to participant | 🞏 | Support worker | 🞏 | Trusted person |
| 🞏 | Family member: *(please specify)* |   |
|  | 🞏 | Other: *(please specify)* |   |

All About You – Disability Services requires the participant’s consent if they wish for a third party to raise a complaint on their behalf. If this is the case, the participant is required to sign the consent below:

**I authorise the above-mentioned person to act of my behalf in this matter.**

|  |  |
| --- | --- |
| Participant signature |  |
|  |  |  |
| Date |  |  |

If the participant is unable to provide consent, please explain why:

Details of complaint

Please write down the details of the complaint below. Provide date/s, time/s, location/s and attach copies of any relevant documents.

Please provide details of the outcomes you would like to see happen after making this complaint:

Please write the name/s of anyone else you have spoken to about your concerns ie if you have spoken to an advocate, trusted person or a family member:

|  |  |
| --- | --- |
| Complainant signature |  |
|  |  |  |
| Date |  |  |

Once complete, please return this form to admin@allaboutyou.org.au