

COLUMBAN MISSION SOCIETY: COMPLAINT RECORD FORM

This form is recommended for use when recording concerns and complaints of a non-safeguarding nature. Incident report forms for safeguarding are available from the Safeguarding Coordinator when required.

First Name:		Family Name:			
Phone:	Home:	Mobile:			
Email:					
Address:					
Suburb:		State:	Postcode:		
I would like to be contacted by (tick any):					
<i>Phone</i>	<input type="checkbox"/>	<i>Email</i>	<input type="checkbox"/>	<i>In writing</i>	<input type="checkbox"/>

What is your complaint about? What has happened?

Please provide some details to help us understand your concerns.

When did it happen?

Where did it happen?

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Who was involved?

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Any Additional Information?

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What outcome are you seeking? (What would help resolve your complaint?)

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Your signature:

Signature:		Date:	
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Contact information of employee taking receipt of complaint/ supporting completion of this form (OFFICE USE ONLY):

Employee:		Position:	
Phone:		Email:	
Format received:		Date received:	
