



## Complaints Form

Complaint investigation details		
<b>Person investigating initial complaint:</b>		
<b>Date:</b>		
<b>Investigation details:</b>		
Actions arising from the initial investigation		
<b>Action:</b>	<b>Date to be completed:</b>	<b>Date client advised:</b>
Actions arising from the Governance or Quality Committee review		
<b>Further recommendations:</b>	<b>Date to be completed:</b>	<b>Date client advised:</b>
<b>Complainant formally advised of outcomes:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Your details	
<b>Name:</b>	
<b>Address:</b>	
<b>E-mail:</b>	
<b>Home phone</b>	
<b>Mobile phone</b>	

*If you wish to remain anonymous you do have the option of taking your complaint to the Ombudsman for him to deal with on your behalf. Ph:1800 117 000 or email [mail@ombudsman.wa.gov.au](mailto:mail@ombudsman.wa.gov.au)*

Complaint details	
<b>Date of incident:</b>	
<b>Time of incident:</b>	
<b>Location of incident:</b>	
<b>Who or what is the subject of the complaint or issue?</b>	
<b>Details of the complaint or issue:</b>	

<b>What can you suggest which may resolve this issue?</b>	
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**Terms and conditions**

Please tick the box and sign below to agree to the Terms and Conditions.

I understand that by signing this form I am stating that the information I have supplied provides a true and correct representation of the events that have occurred and have prompted this complaint. I understand the information I supply will be used by the organisation:

- To further improve its service delivery
- In accordance with relevant legislation

Signature:

Date: \_\_\_\_\_

\_\_\_\_\_

**Lodgement**

Please place the form in a sealed envelope marked "Confidential".

Boab Health Services will accept complaints in the following ways:

In person:

- By discussing with the clinician providing your service
- By telephoning the Allied Health Manager or Mental Health Manager on **91927888**
- By handing the completed form to one of our staff at any service location

By mailing to:

Broome Office	Kununurra Office
PO Box 1548 Broome, WA 6725	PO Box 1866 Kununurra, WA 6743

Faxed to:

Broome Office	Kununurra Office
F 08 9192 7999	F 08 9168 3305

By e-mail to:

Broome Office	Kununurra Office
<a href="mailto:reception@boabhealth.com.au">reception@boabhealth.com.au</a>	<a href="mailto:knxreception@boabhealth.com.au">knxreception@boabhealth.com.au</a>

**Processing complaints**

We shall acknowledge all complaints within **5** working days and try to resolve complaints within **14** days.

Once reviewed, you will receive a written explanation of the outcome, and information regarding changes that will be made to policies, procedures, or other internal processes where relevant.

We shall have due regard for your privacy.

<b>Date complaint received:</b>		<b>Resolution date:</b>	
<b>Reference number:</b>			