

Complaint / Grievance Form

| Personal Details (Complainant) | | | | | | | |
|---|---|--|--|--|--|--|--|
| Name | | | | | | | |
| Address: | | | | | | | |
| Contact Number | | | | | | | |
| Email: | | | | | | | |
| Preferred Contact | Telephone | | | | | | |
| What is your relationship to SCSS | Client Client Support Person / Family / Advocate Staff Member | | | | | | |
| | Child Safety Representative NDIS Representative Other | | | | | | |
| About your complaint / grievance: | | | | | | | |
| Does your complaint / grievance relate to: | | | | | | | |
| SCSS Client SCSS Staff SCSS Management or Process | | | | | | | |
| Staff Rostering Staff Work Environment Staff Work Relationships Staff Terms/Conditions of Employment | | | | | | | |
| SCSS Program | Child Safety NDIS Southern Cross Family Day Care | | | | | | |
| SCSS Service | Corporate Plan Management Service Delivery Support Coordination | | | | | | |
| SCSS Location | | | | | | | |
| Who is the complaint / grievance relate to? | | | | | | | |
| When did it happen? | | | | | | | |
| Specific Details about the Complaint/Grievance Please summarise your complaint/grievance below. Make sure to include the following: What happened? Who was involved? When and where it happened? Any other information relating to the complaint/grievance. Attach a separate page if needed and any supporting information that will assist us in addressing your issue. | | | | | | | |
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Complaint / Grievance Form

| Outcome Expectation | | | | | | | |
|--|---|-----------|------------|------|------|--|--|
| What would you like to happen to resolve your complaint/grievance? | | | | | | | |
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| | | | | | | | |
| Name (Block Letters) | | Signature | | Date | | | |
| Name (Block Le | Name (Block Letters) | | Signature | | Date | | |
| | | | | | | | |
| Lodgement: | ave Campulaint Fame and any official as | t- b | | | | | |
| | our Complaint Form and any attachm a hard copy to: | enis by. | | | | | |
| | Southern Cross Support Services | | | | | | |
| PO Box 446 | | | | | | | |
| Bundaberg QLD 4670 • Emailing to: quality@scss.org.au | | | | | | | |
| Visiting in person or calling us on 1300 7277 01 | | | | | | | |
| What happens next? | | | | | | | |
| We will contact you within five working days of receiving your complaint to let you know what we will do and the expected time it will take to investigate your complaint. | | | | | | | |
| We take your complaint seriously and will contact you to keep you up to date. | | | | | | | |
| Your Privacy | | | | | | | |
| Southern Cross Support Services is collecting your personal information for the purposes of identifying and dealing with your | | | | | | | |
| complaint, in accordance with our Feedback, Concerns and Complaints Management Policy. Your personal information may be forwarded to the business unit or region relevant to your complaint, so your complaint can be addressed. Your personal information | | | | | | | |
| will not be provided to any person you are complaining about, unless it is specifically required to ensure your complaint is | | | | | | | |
| appropriately dealt with. Any use of your personal information will be limited to that necessary to investigate and respond to the issues raised in your complaint. | | | | | | | |
| | | | | | | | |
| Office Use only | | | | | | | |
| Entered on Feedback, Concerns and Complaints Register | | | | | | | |
| Name | | | Position | | | | |
| HAILIE | | | 1 03111011 | | | | |
| Signature | | | Date | | | | |

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