OFFICE USE ONLY

ACTION TAKEN ON RECEIPT OF COMPLAINT:	
Resolved at point of contact:	Yes ☐ No ☐
Referred to Manager/Supervisor for action:	Yes ☐ No ☐

Manager/Supervisors Comments:

Signature:	
	Date:

If unresolved, what advice was provided to the complainant regarding other avenues of redress?
(eg. letter to CEO, contacts for Health and Community Services Complaints Commission).

HCSCC Complaint Code:	**HCSCC Outcome Code**:

Northern Territory Government

DEPARTMENT OF
HEALTH AND FAMILIES

Complaint Form

Your feedback assists in improving the quality and safety of our services, whether a complaint or comment. The privacy of both service user and provider is respected; no reference is to be made about lodgement of a complaint in any person's file. Access to health files held by DHF related to this complaint may be required as part of the investigation into this matter.

Privacy Statement

Consistent with NT Government policy and legislation, DHF endorses fair information handling practices. Any information provided, including identification of individuals, will be used only for the purpose intended and where the intention includes confidentiality, information will be retained as such unless otherwise required by law.

Client Details

First Name: _____

Surname: _____

Title: (Mr/Mrs, etc) _____ Date of Birth: _____

Address: _____

Suburb/Community: _____ P/Code: _____

Contact Numbers: (H) _____ (W) _____

Is the person making the complaint the person who received the service? Yes ☐ No ☐

If you are making the complaint on behalf of someone else, please complete the following:

First Name: _____

Surname: _____

Title: (Mr/Mrs, etc) _____ Date of Birth: _____

Address: _____

Suburb/Community: _____ P/Code: _____

Contact Numbers: (H) _____ (W) _____

Relationship to the Client:

Relative: ☐ Please state relationship

Guardian: ☐ *Documentation is required including consent forms or guardianship orders to verify relationship.*

Other: ☐ Please state (eg. carer)

Is the client aware you are making this complaint on their behalf?

☐ Yes ☐ No

If the client has not agreed, briefly explain the representative's interest in this matter

What is your complaint?

What would you like to achieve by making this complaint?

Signature of Client or Representative:

	Date: