Example: Complaint record template

This template can be used and adapted to record complaints in your organisation.

Include what is relevant to your organisation and add any other details relevant to your organisational environment.

|  |  |
| --- | --- |
| Date: |  |
| Your name: |  |
| Your position: |  |
| Complaint assigned to: |  |
| How was the complaint received? | Phone  Email  In person  Other, please specify |

## Key parties

|  |  |
| --- | --- |
| Name of reporter: |  |
| Name of child/young person involved in the complaint: |  |
| Name of person making the complaint (if different to above): |  |
| Details of the person the complaint was made about: |  |

## Reporter contact details:

|  |  |
| --- | --- |
| Address: |  |
| Phone number: |  |
| Email: |  |
| Preferred contact method: |  |

## Details relating to the child or young person:

|  |  |
| --- | --- |
| Age: |  |
| Gender: | Male  Female  Non-binary  Prefer not to answer |
| Do they identify as Aboriginal or Torres Strait Islander? | Yes  No  Prefer not to answer |
| Are they from a culturally and linguistically diverse background? | Yes  No  If yes, please specify: |
| Are they in out-of-home care? | Yes  No |
| Do they have a disability? | Yes  No  If yes, please provide relevant details: |
| Do they have communication support needs? | Yes  No  If yes:   * Was the child or young person offered an interpreter?   Yes  No   * Was the child or young person offered a communication assistant?   Yes  No   * Was the child or young person offered a support person, advocate, family member?   Yes  No   * Other. Please provide relevant details: |
| Provide any relevant information relating to the child or young person’s preferred communication methods, support needs, and desire for involvement in the complaint-handling process: |  |
| If relevant, provide any relevant details relating to the complainant's guardianship, advocacy or other decision-making arrangements (i.e. name and contact details of any nominees authorised to receive information on their behalf): |  |

Details relating to the reporter (if made by an adult on behalf of the affected child or young person)

|  |  |
| --- | --- |
| Age: |  |
| Gender: | Male  Female  Non-binary  Prefer not to answer |
| Relationship to the affected child or young person: |  |
| Do they identify as Aboriginal or Torres Strait Islander? | Yes  No  Prefer not to answer |
| Are they from a culturally and linguistically diverse background? | Yes  No  If yes, please specify: |
| Are they in out-of-home care? | Yes  No |
| Do they have a disability? | Yes  No  If yes, please provide relevant details: |
| Do they have communication support needs? | Yes  No  If yes:   * Was the complainant offered an interpreter?   Yes  No   * Was the complainant offered a communication assistant?   Yes  No   * Other. Please provide relevant details: |
| Provide any relevant information relating to the complainant’s preferred communication methods, support needs, and desire for involvement in the complaint-handling process: |  |

## Nature of the complaint

|  |  |
| --- | --- |
| Complaint description (accurately record the issues, concerns, details of any witnesses, as far as possible in the child/young person’s own words): |  |
| What outcome to the complaint is the complainant seeking? |  |

## Immediate risk considerations

|  |  |
| --- | --- |
| Details of any injuries and if the child/young person or others received medical attention: |  |
| Does the complaint indicate the possibility of criminal conduct? | Yes  No  Unsure |
| Is a mandatory or voluntary child protection report required? | Yes  No |
| Does the complaint involve a reportable allegation/incident? | Yes  No  Unsure |
| Is any immediate risk management action required? | Yes  No |
| Next steps: |  |

|  |  |
| --- | --- |
| Signed (person completing form): |  |
| Name: |  |
| Date: |  |