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 [ ]  NoIf yes, please provide relevant details: |
| Do they have communication support needs?  | [ ]  Yes [ ]  NoIf 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 [ ]  NoIf yes, please provide relevant details: |
| Do they have communication support needs?  | [ ]  Yes [ ]  NoIf 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: |  |