



FG43 COMPLAINTS FORM

For use in one of three situations:

1. By client wanting to make a complaint (with assistance from OCTEC staff member if requested)
2. By OCTEC staff member receiving complaint verbally, e.g. by phone
3. By OCTEC staff member wanting to make complaint.

Section 1: Complaint Details

Name of person lodging complaint: _____

- Jobseeker Training Participant Other Client
 Advocate/Carer Employer OCTEC Staff Member Other

Street:			
Town/Suburb:		State:	
Postcode:		Phone:	

Details of complaint: _____

Name of OCTEC staff member(s) involved in complaint (if applicable):

Section 2: Receipt Details

(To be completed by OCTEC staff member receiving complaint)

Date Received: ____/____/____

- How Received:** phone (complainant) phone (Customer Service Line)
 face-to-face written – email or letter written – other other

Name and location of receiving staff member: _____

Section 3: Initial Action Taken
(To be completed by OCTEC manager investigating complaint)

Name of OCTEC manager investigating complaint: _____

Initial Action: _____

Section 4: Action Plan for Resolution
(To be completed by OCTEC manager investigating complaint)

Action Plan: *(to be developed in conjunction with complainant)*

Action Required	Responsibility	Date to be Achieved	Date Achieved

Section 5: Resolution, Preventative Action, Continuous Improvement
(To be completed by OCTEC manager investigating complaint)

Resolution: *(please provide additional notes regarding resolution of complaint including advice to complainant, preventative action taken to avoid complaint arising again, and/or continuous improvement action identified as a result of investigating complaint)*

Section 6: Completion of Investigation <i>(To be completed by OCTEC manager investigating complaint)</i>	
1. Has the complainant been advised of the final resolution of the complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has complainant been advised of their right of review of the complaint if they are dissatisfied with the resolution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes to 2 and 3, was in orally or in writing and when?	<input type="checkbox"/> Oral <input type="checkbox"/> Written Date: ____/____/____
4. Is the complaint investigation finalised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____	Date: ____/____/____

Section 7: Review and Closure <i>(To be completed by an OCTEC senior manager)</i>	
The complaint been entered onto the complaints register? <i>(Not applicable for complaints by OCTEC staff member.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
The complaint has been reviewed by me? <i>(Record any relevant comments here):</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
The complaint is now closed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Signature: _____	Date: ____/____/____

Please store all completed forms on the relevant program complaints file or forward to CEO or Deputy CEO.