



**Person Making the Complaint (Complainant)**

Name of complainant: .....  
(family name) (given name)

Address: .....  
..... Postcode: .....

Telephone: ..... (home) .....(work)

Mobile: ..... Email: .....

Preferred method of contact: .....

**Complainant Relationship to Disability Services Client**

- Self
- Parent
- Relative (specify ..... )
- Friend
- Advocate
- Member of the public
- Organisation (specify ..... )
- Other (specify ..... )

Name of Client: .....  
(family name) (given name)

File number (if known): .....

**Complaint**

What is your complaint? (Provide details of what you are unhappy about, the people involved, the service, the location, etc. Attach additional information, if required):

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Signed: ..... Date: ...../...../.....  
(complainant or their representative)

## Complaint Investigation

### Where do you want to send your complaint?

(specify name or position) .....

### What will happen next?

- Your complaint will be forwarded to the person indicated.
- This person, or their delegate, will contact you within five (5) working days.
- If you have any difficulties with the progress of your complaint, please let this person know your concerns.

### Need more information?

Please ask a staff member to give you the Disability Services "Complaints" information sheet available online:

<http://sa.gov.au/subject/Community+Support/Disability/Corporate+and+business+information/Disability+information+and+publications/A-Z+of+Disability+SA+information+sheets+and+publications#Ca>

### If returning this form by post, please send to:

The Quality Officer  
Disability Services  
Level 9 Reception  
103 Fisher Street  
Fullarton SA 5063

### Office Use Only

Complaint number: .....

Person receiving complaint: ..... Date: ...../...../.....

Office: ..... Telephone: .....

To whom did you forward the complaint? .....

Date forwarded: ...../...../..... Time forwarded: .....

Method of forwarding (retaining confidentiality): .....

Date complaint received by director/manager/supervisor: ...../...../.....

Date delegate appointed (if required): ...../...../.....

Date complainant was contacted by investigating officer: ...../...../.....

Date complaint process resolved or concluded (letter written): ...../...../.....

Notes, including service improvements (attach report): .....

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