



SOUTHERN COMMUNITY  
CARE DEVELOPMENT INC

**COMPLAINTS RECORD FORM (Part A)**

*(To be completed by SCCD)*

Date: .....

Complainant's name: ..... Daytime phone: .....

Complainant's address: .....

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*(agency details if organisational client)*

Advocates' name: ..... Daytime phone: .....

Advocates' organisation  
or relationship to complainant: .....

SCCD personnel handling complaint: .....

Source of complaint:

- Phone
- Letter (attached)
- In person
- Other

Description of complaint: .....

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Initial follow up: .....

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Description of complaint by SCCD staff (if different from complainant's):

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The complainant is happy / not happy.

Comments: .....

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SOUTHERN COMMUNITY  
CARE DEVELOPMENT INC

**COMPLAINTS RECORD FORM (Part A)**

*(To be completed by client/complainant)*

**You can expect:**

1. Registration of your complaint and reporting to SCCD management initially without identifying you and attempts at resolution by SCCD staff in consideration of how you would like the complaint to be handled; or
2. If unsuccessful, attempt at resolution by the SCCD Chairperson; or
3. If unsuccessful, attempt at resolution by the SCCD Management Committee.
4. If unsuccessful, contact details for external bodies to attempt resolution

**You have the right to:**

- be notified of deadlines for resolution and progress reports during lengthy processes;
- assistance with any special needs, such as provision of an interpreter;
- use an advocate to negotiate on your behalf;
- seek resolution of the grievance by an external body at any stage of the process; and
- be informed all decisions and reasons.

Date: .....

Your name: ..... Daytime phone: .....

Your address: .....

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*(agency details if organisational client)*

Advocates' name: ..... Daytime phone: .....

Advocates' organisation  
or relationship to you: .....

Description of complaint: .....

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Preferred solution: .....

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Other comments: .....

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Signature: .....