



MHACA

Complaint form

Please print clearly and tick the correct box.

1. DETAILS OF PERSON REPORTING THE COMPLAINT

Name:

Phone number:

Email:

Date of form completion [Click here to enter a date.](#)

2. FILL IN THIS BOX IF SOMEONE IS ASSISTING YOU WITH THE COMPLAINT. FOR EXAMPLE, A FAMILY MEMBER, FRIEND, OR YOUR REPRESENTATIVE

Name:

Phone number:

Email:

3. WHO IS YOUR COMPLAINT ABOUT?

Name the person/s or service you are complaining about.

Name/service:

What is this person's/service relationship to you?

4. YOUR COMPLAINT

What is your complaint about? Please provide details to help us understand your concerns. You can include what happened, where it happened and who was involved. It could also be a decision made by MHACA that you are unhappy about.

5. FURTHER INFORMATION

Please attach copies of any documents that may help us investigate your complaint (for example emails, messages, letters). If you can't do this is there anything you think we should obtain in relation to the complaint?

6. INFORMAL ACTIONS TAKEN

Have you made any attempts to resolve the issue informally? Yes No

If you answered yes, please describe the steps you have taken:

What was the outcome of these attempts at resolution?

7. ACTIONS REQUESTED

Please describe the actions or outcomes you are seeking to resolve this issue:

Signed

Date

SECTION 8 TO BE COMPLETED BY THE RESPONSIBLE MANAGER

Please complete all relevant sections

8. INVESTIGATION

Please attach minutes of any interviews/meetings held with relevant parties.

Steps taken to investigate the complaint:

Determination (*what were the outcomes of the investigation?*)

Actions taken because of the above determination:

9. APPEAL/ REVIEW

Nature of appeal

Complainant/respondent (please circle) is unhappy with the outcome/findings of the investigation

Appeal process conducted by (*Name of Senior Manager conducting the appeal*):

Detail of the appeal process (i.e., additional evidence collected etc.)

Outcome of appeal:

- Original determination and proposed resolution upheld
- Original determination upheld, but new resolution proposed. Please provide detail:

- New determination and resolution proposed. Please provide detail:

10. FINAL DETERMINATION

Outcome of appeal/final determination:

11. ACTIONS COMPLETED

Signed: _____ Title:

Date:

- Feedback provided to all parties involved in the complaint? Date: