**COMPLAINT DETAILS/CONFIDENTIAL FORM**

This form can be made over the phone, by e-mail, online form, or in person. Once completed, the complaint is then forwarded to the Manager to manage the complaint.

Please see Disability Getaways Complaint policy for further information.

Information that does not require further follow up is deemed feedback and is logged in the feedback register and discussed at the following team meeting.

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| **Date complaint received:** |  |
| **Who is making this complaint:** |  |
| **Relationship** |  |
| **Address** |  |
| **Phone number** |  |
| **Email** |  |
| **This complaint was made:** | In person / in writing / by e-mail / by phone |
| **Person Taking Complaint:** |  |

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| **Complaint Details** |
| Details: |
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| **Is the complaint made against an individual? Y N** | | | | |
| Type of Complaint:  Minor Significant Major Systemic | | | | |
| If appropriate, has the complainant been advised of their right to  Yes No  an independent advocate? | | | | |
| Does the complaint involve cultural sensitivities?  Yes No | | | | |
| Has the complainant been advised of Disability Getaways complaint process?  Yes No | | | | |
| Has the complainant been advised of the timeframe and method?  of response to their complaint by Disability Getaways? Yes No | | | | |
| **Outcomes** | | | | |
| Action to be taken: | | | | |
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| Outcome: | | | | |
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| **Date complainant notified of outcome:** | | | | |
| Complainants Response | | | | |
| Complain Resolved: |  | Yes |  | No |
| Further Actions: | | | | |
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Manager 01 April 2018

Signed Position Date