



Complaint Form

Reference number: _____

We use this form to record complaints about Brook RED services or operations. Please complete this form and give it to the Brook RED Complaints Officer:

Email: enquiries@brookred.org.au

Address: 88 Norton Street, Upper Mount Gravatt Q4122

Or give it to any Brook RED employee who will then forward it on to the Complaints Officer.

All complaints are logged in the Complaints Register. Please refer to the current Complaints Policy and Complaints Procedure for more information.

Date _____

Your personal information

This information is optional, but if you would like us to follow up with you about your complaint, please tell us how to contact you.

Name _____

Postal address _____

Telephone _____ Email _____

Your complaint

Please tell us about your complaint. It may be useful to include what happened, when and where it happened, and who was involved. If you need more space, please feel free to attach additional pages or documents with this form.

Complaint Form

What are the main issues that you are concerned about?

Is there a particular resolution or outcome that you would like to see in response to this complaint?

If you are unsatisfied or wish to escalate a complaint, you can contact The Office of the Health Ombudsman by calling 133 OHO (133 646), emailing complaints@oho.qld.gov.au, or visiting www.oho.qld.gov.au/make-a-complaint/ for further information.

Complaint Form

For Brook RED to complete

Addressing the complaint

Name of employee nominated to address the complaint: _____

Date nominated: _____

(Brook RED works to identify an employee to address the complaint within 2 business days of the complaint being received)

Course of Action

Please describe the course of action taken. If you need more space, please feel free to attach additional pages or documents with this form.

Support person/advocate requested? Yes No

Name of support person/advocate: _____

(Brook RED works to address all complaints within 10 business days of the complainant being contacted by the person following up the complaint)

Resolution

Has the complaint been resolved to the satisfaction of the person who made the complaint?

Yes No

If no, please forward the complaint to the General Manager or Business Services Manager.

Is there any ongoing action required?

Yes No

What was the resolution of the complaint? If you need more space, please feel free to attach additional pages or documents with this form.

Outcome date: _____

Has form been forwarded to Complaints Officer?

Yes Date: _____

Has complaint been logged in the Complaints Register?

Yes Initial: _____