



# Complaint Form

Reference number: \_\_\_\_\_

We use this form to record complaints about Brook RED services or operations. Please complete this form and give it us by one of the following methods:

**Email** enquiries@brookred.org.au  
**Post** 88 Norton Street, Upper Mount Gravatt Q4122  
**In Person** To any employee

If you would like to forward it onto our management team, please give your completed form to the:

Business Services Manager  
Email: [kristynb@brookred.org.au](mailto:kristynb@brookred.org.au)  
88 Norton St, Upper Mount Gravatt, Q4122

Or  
General Manager  
Email: [eschleighb@brookred.org.au](mailto:eschleighb@brookred.org.au)  
88 Norton St, Upper Mount Gravatt, Q4122

Copies of all Complaint Forms will be forwarded to the HR&Compliance Manager and from there they will be logged in the Complaints Register. Please refer to the current Complaints Policy and Complaints Procedure for more information.

## 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 \_\_\_\_\_

# Complaint Form

## 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.

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What are the main issues that you are concerned about?

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

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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](mailto:complaints@oho.qld.gov.au), or visiting [www.oho.qld.gov.au/make-a-complaint/](http://www.oho.qld.gov.au/make-a-complaint/) for further information.

If you are a NDIS Participant, you can also contact the NDIS Commission by calling 1800 035 544, visiting an NDIS office in person, or visiting [www.ndiscommission.gov.au/about/complaints](http://www.ndiscommission.gov.au/about/complaints) for further information.

# Complaint Form

## For Brook RED to complete

### Addressing the complaint

Name of employee receiving the complaint: \_\_\_\_\_

Date received: \_\_\_\_\_

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.

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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.

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Outcome date: \_\_\_\_\_

# Complaint Form

Has form been forwarded to HR&Compliance Manager?

Yes       Date: \_\_\_\_\_

Has complaint been logged in the Complaints Register by the HR&Compliance Manager?

Yes       Initial: \_\_\_\_\_