



## Complaints Resolution Form

Register No. (*office use*): \_\_\_\_\_

### 1. Complainant Information

Please provide your details so we can contact you regarding your complaint.

Full Name: \_\_\_\_\_

Contact Information (Phone/Email): \_\_\_\_\_

Preferred Method of Contact:

Phone

Email

In-person

(Select one and provide details)

Relationship to the Organisation (e.g., Participant, Family Member, Staff, Contractor, Other):

\_\_\_\_\_

Are you making this complaint on behalf of someone else?

Yes

No

If yes, please provide the name of the person you are representing and your relationship to them:

Name: \_\_\_\_\_



Relationship: \_\_\_\_\_

## 2. Complaint Details

Please provide as much detail as possible to ensure we can investigate the issue thoroughly.

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of the Complaint (What happened, who was involved, where and when it occurred):

Was the issue witnessed by others?

Yes

No

If yes, please provide their names:

Was the issue reported to someone at the time?

Yes

No

If yes, please provide details (e.g., who was informed, what was done):

Desired Outcome (What resolution are you seeking? Please be as specific as possible):

## 3. Actions Taken (if any)

Have you or anyone else already taken action regarding this complaint? Please outline.

Have you previously raised this complaint?

Yes



No

If yes, please provide details:

Date of First Report: \_\_\_\_\_

Who was the complaint raised with? \_\_\_\_\_

Actions taken at that time:

Any relevant supporting documentation? (e.g., emails, photos, reports):

Yes

No

If yes, please list and attach:

#### **4. Supporting Evidence**

If applicable, please provide the following documentation or evidence that will help us understand and investigate the complaint.

Photographs:

Yes / No

Please attach or describe the images:

Emails/Correspondence:

Yes / No

Please attach or provide details:

Medical or Incident Reports:

Yes / No

Please attach or provide details:



Witness Statements:

Yes / No

Please attach or provide details:

Other:

Yes / No

Please attach or provide details:

## 5. Resolution Attempts and Outcomes

Please detail any previous attempts to resolve the complaint. This section will help us understand what has been done before and what can be done now.

Previous Resolutions or Responses (Including actions taken by others within the organisation):

How satisfied were you with the previous response/resolution?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

Please explain:

## 6. Confidentiality and Privacy

We take confidentiality seriously. All information regarding your complaint will be handled confidentially. Please indicate your consent for us to handle your information accordingly.



Do you consent to the collection and use of your information for the purpose of resolving this complaint?

Yes

No

Do you wish to remain anonymous?

Yes

No

Please note that while we will respect your privacy, there may be circumstances where the resolution process requires us to share your complaint details with the relevant parties for investigation or resolution.

## 7. Complaint Declaration

By signing this form, you acknowledge that the information provided is true and accurate to the best of your knowledge and that you are requesting Enablepath Support Services to investigate and resolve the complaint as per the complaints resolution policy.

Signature: \_\_\_\_\_

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

## For Office Use Only

## 8. Complaint Receipt and Acknowledgment

Date Complaint Received: \_\_\_\_\_

Complaints Officer Assigned: \_\_\_\_\_

Date Acknowledged to Complainant: \_\_\_\_\_

Complaint Reference Number: \_\_\_\_\_

## 9. Investigation and Resolution



Investigation Start Date: \_\_\_\_\_

Investigator Assigned: \_\_\_\_\_

Outcome:

Resolved

Pending

Not Resolved

Resolution Date: \_\_\_\_\_

**Corrective Actions Taken:**

**10. Appeal Process**

Has the complainant requested an appeal?

Yes

No

If yes, details of the appeal process initiated:

**11. Follow-Up Actions**

Follow-Up Date: \_\_\_\_\_

Follow-Up Actions/Outcomes: