

# Complaints Record Form

**Purpose:** This form is to be used to record a concern, feedback or a complaint about Women's Health West. Please take care to ensure all sections are completed accurately and fully and that the appropriate signatures are recorded.

### Information for clients registering concerns, feedback and complaints

1. WHW appreciates clients' feedback as it is valuable in helping us to maintain and improve our programs and services.
2. All feedback and complaints are treated confidentially and clients will experience no disadvantage or adverse treatment because of their complaint or the feedback that they provide.
3. Clients have a right to an advocate of their choice and to be referred to an external complaints handling agency.
4. WHW will respond to all complaints within 5 days of receiving them. Complaints will be resolved within 30 days.

Date	Feedback /Complaint received by				
Complaint received via	<input type="checkbox"/> Telephone	<input type="checkbox"/> Letter (attached)	<input type="checkbox"/> In person	<input type="checkbox"/> Email	<input type="checkbox"/> Other
Details of concern/complaint/feedback (provide as much detail as possible. Refer over page or attach other pages if more space is required)					
Other pages attached <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____ (If so, then the client making the complaint must initial or sign additional pages)					
<b>CONTACT DETAILS OF COMPLAINANT</b>					
Name					
Address					
Phone		Email			
Signature			Date		
Advocate required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral to external agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Advocacy/Interpreter/External Agency					
Signature of WHW staff member assisting client					
Referred to manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of manager			
<b>Office Use only</b>					
Details added to QMS & QMS No		Date		Init staff member data entry	

