



Complaint Report Form

Complete this form to report complaints lodged by a client or member of the community in relation to any aspect of TSA mission activities. This form should be used by TSA personnel where they are unable to directly record a complaint in SolvSafety. The content of this form should be transferred into SolvSafety at the earliest opportunity.

If more space is required for any section, please attach an additional clearly labelled page/s.

PART 1: Complaint Details				
Date of Complaint		Time of Incident		
Date TSA Notified <i>If notification of the complaint is different from above:</i>		Approx. time TSA notified		
Complaint was made by:	<input type="checkbox"/> Client/participant/ beneficiary <input type="checkbox"/> Community member <input type="checkbox"/> External Service Provider <input type="checkbox"/> Funding body/Regulatory body/Ombudsman <input type="checkbox"/> TSA Personnel	Client involvement:	<input type="checkbox"/> Client to TSA personnel <input type="checkbox"/> Client to client <input type="checkbox"/> Client only <input type="checkbox"/> Client to community member <input type="checkbox"/> Community member to client <input type="checkbox"/> TSA personnel to client <input type="checkbox"/> Other	
Privacy consent <i>Complainant must be explicitly informed of TSA's Privacy Policy</i>	<input type="checkbox"/> Received: Who was consent given to (provide name of TSA Personnel): Date received: add date here <input type="checkbox"/> Not Received			
How was the complaint made?	<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post	<input type="checkbox"/> Paper form <input type="checkbox"/> Text (SMS) <input type="checkbox"/> Website <input type="checkbox"/> Social media <input type="checkbox"/> N/A		
TSA Site/Service:	Mission	Stream	Program/Service	State/Territory
Does complaint relate to an offsite location? <input type="checkbox"/> Yes, (specify site):				
Complaint Categorisation (Refer to the incident types on Incident Categorisation Table)				
Complaint Group	<input type="checkbox"/> Access to services <input type="checkbox"/> Client Behaviour <input type="checkbox"/> Communication <input type="checkbox"/> Donations <input type="checkbox"/> Financial		<input type="checkbox"/> Food and Catering <input type="checkbox"/> Media, Marketing & Fundraising <input type="checkbox"/> Physical Environment & Maintenance <input type="checkbox"/> Service Delivery <input type="checkbox"/> TSA Personnel Behaviour	
Complaint Type	<i>Refer to the complaint types in the relevant mission specific Feedback Categorisation Table:</i>			
PART 2: Description of the Complaint				
Description of the Incident	<i>Brief, factual account of the incident, include details on (where relevant): location and setting; what occurred, how it occurred, who was involved? Who was notified and when? Any immediate potential impact?</i>			
Did the complaint include or result in a potential breach of cultural safety? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What are the Complainant's Expected Outcomes?	<i>What are the complainant's expected outcomes/resolutions? Are there any actions they wish TSA to take?</i>			

Has Complainant requested a response from TSA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Complainant's preferred contact method:	<input type="checkbox"/> Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Paper Form	<input type="checkbox"/> Text message (SMS) <input type="checkbox"/> Social Media <input type="checkbox"/> Website <input type="checkbox"/> Not Applicable
Is the complaint already resolved? Frontline resolved complaints only.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complaint is already resolved: 1. Actions Taken: (document what was done e.g. a conversation with the complainant, a change in process, an expression of understanding of the situation): 2. Outcome: 3. Resolved by:		

PART 3: Contact Details

Recorder of feedback (You)	Name:	Email Address:
		Phone:
Provider of Complaint (the Complainant)	Complainant's details are to be treated as:	<input type="checkbox"/> Anonymous (Do not disclose) <input type="checkbox"/> Open (<i>Complaint has provided their personal details for use within TSA, subject to Privacy Act, to resolve the complaint</i>)
	Organisation:	
	Name (first/surname):	
	Email Address:	
	Street/Postal Address:	
	State, Postcode:	
Advocate for Complainant <i>(e.g. family, partner, friend, guardian/nominee, TSA worker, government department, carer, service provider)</i>	Does the Complaint have an advocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Advocacy relationship:	
	Organisation:	
	Name (first/surname):	
	Email Address:	
	Street/Postal Address:	
	State, Postcode:	
Is additional assistance required?	<input type="checkbox"/> Yes, Detail additional assistance required: <input type="checkbox"/> No	

PART 4: Complaint Owner

Do you need to make this a confidential report about a serious complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>You should choose 'yes' only if a member of TSA personnel is involved in relation to a serious complaint of abuse or harm to a client or community member and there is a real or perceived confidentiality and/or conflict of interest issue. For example: a serious complaint about the behaviour or conduct of your line manager; serious breach of TSA policy and processes by your line manager or other manager at your site or by a senior leader of TSA; complaint raised by an external body about the conduct of your line manager.</i>	
<i>Confidential reports are referred to the CI Team for assignment to an appropriate person. The report will only be accessible to designated persons. IF NOT A CONFIDENTIAL REPORT COMPLETE THE DETAILS BELOW OF THE COMPLAINT OWNER.</i>	
The initial complaint owner will be your line manager (Site/Service/Program/Operations Manager/Corps Officer)	
Complaint Owner	Name
	Position Title
	Site/Service/Program
	Email Address
	Phone