

COMPLAINTS/INCIDENT REGISTER

Date:	This matter is being recorded by Management <input type="checkbox"/> Complaint <input type="checkbox"/> Incident		
Complainant Name/s:	<input type="checkbox"/> Requested to Remain Anonymous		
Complainant Contact Details:			
Complainant Address or Room Number:			
The matter logged is related to:	<input type="checkbox"/> Breach of Park Rules <input type="checkbox"/> Harassment <input type="checkbox"/> Management <input type="checkbox"/> Cleanliness		
	<input type="checkbox"/> Serious Breach <input type="checkbox"/> Other Resident <input type="checkbox"/> Other:		
How was the complaint received?	<input type="checkbox"/> Writing – Hand Delivered <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Text <input type="checkbox"/> Mail		
	<input type="checkbox"/> Verbally - is the complaint to be followed up in writing by the complainant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Complainant received an acknowledgement receipt and been provided with a copy of the Agency's Complaint Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – Incident		Resident Sign
Complaint Details/Nature of Complaint; <input type="checkbox"/> See Attached information			
Date of Response:		Name of Respondent:	
Has the complainant received a response in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Verbally / / <input type="checkbox"/> NA – Incident		
Details of Restitution/Remedy/Action:			
<input type="checkbox"/> Matter dealt with immediately with complainant present, complaint finalised - Resident Sign _____ <input type="checkbox"/> Form11 issued to offending party <input type="checkbox"/> Notice to Leave issued to offending party <input type="checkbox"/> Verbal Warning Given to offending party <input type="checkbox"/> Written Warning Given to offending party <input type="checkbox"/> House Rules Reiterated <input type="checkbox"/> Meeting facilitated between parties <input type="checkbox"/> Contractor Appointed and Works Completed <input type="checkbox"/> Third Party Involvement (Police etc) <input type="checkbox"/> Other See Above			
Are there any issues relating to this matter which have identified any further action or training to be provided to staff and if Yes; has the training requirement been actioned ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA - Incident			
Associated Documentation Filed <input type="checkbox"/>	Date:	Sign:	
✂-----✂			
<p>Confirmation of Acknowledgment of Complaint for Resident</p> <p>If you have a complaint about our services or your residency, we will request that you make this complaint in writing so we can address it accordingly. Your complaint will be dealt with in the strictest confidence and in the following prescribed procedure.</p> <ol style="list-style-type: none"> We acknowledge receipt of your complaints as completed in this complaint form, alternately you can also send via email to stay@bundyparkvillage.com.au or post to PO Box 531 Hamilton QLD 4007 We will respond to your complaint within 7 (seven) business days and acknowledge that you request a response via <input type="checkbox"/> Writing – Hand Delivered <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Verbally <input type="checkbox"/> Third Party <input type="checkbox"/> No Response Requested 			
Resident Name _____	Resident Sign _____	Manager Sign _____	