

Stardust Counselling Complaint Management Form

Complaint Number _____

Date of Complaint __/__/__

Name of impacted individual _____

Client Code _____

Summary of Complaint (if more space needed, attach additional pages to this form)

Impact on/harm caused to person with disability

Person making this record Name: _____

Phone: _____

Email: _____

Date recorded __/__/__

To whom: _____

Initial Response

Initial response to the person making the allegation, impacted person, and worker, who are subjects of the allegation. Actions taken to support or assist persons with disability affected by the incident.

Reporting to other Bodies

Was it necessary to contact the Police or Child Protection Agency in this instance? Yes/No

Was this done? Yes/No What was the outcome of making this contact?

Police/Child Protection incident/report/reference number _____

Name, phone and/or email of person report submitted to:

Office Use Only

Assessment and Investigation

Could the issue have been prevented? Yes/No

How well has the issue been managed and resolved?

Is any regulatory action needed to prevent further similar issues from occurring?

Is any regulatory action needed to minimise the impact of the issue?

Is an investigation into the issue required? If yes, detail below.

List all interviews conducted as part of the investigation, including questions and responses. Keep transcripts or interview reports with this incident report.

List any decisions made, including rationale. Note name, position, and date of decision.

Risk Assessment

Describe identified risks, arrangements for managing the risks, decisions made about the worker involved and their action taken in relation to the individual with disability, or the worker (e.g. Change in duties, support, counselling).

Consultation

List any consultations with the impacted individual. Include date, time, details of the discussions (questions, advice, outcome etc), and name of person making the contact.

List any other contact, discussions or emails with others about the incident (witnesses, third parties, etc). Note the person's name, company/dept., position held, contact details, and if appropriate, the reason for the contact.

Follow Up

Has the impacted person with disability affected by the incident been provided with any reports or findings regarding the incident? Yes/No

If yes, which reports? _____

List any changes to services provided

List any establishment or review of policy and/or procedures

List training of the company's personnel

To be completed by reporting and authorising person only

Is a report necessary to the Commissioner?

Yes/No

If yes, give details/dates:

Assessment/Investigation complete

__/__/__

Client follow up complete

__/__/__

Date report submitted

__/__/__

by _____

Date complaint finalised

__/__/__

by _____