



Compliments, Complaints and Appeals Form

Name: _____ Date of Feedback: _____

Address: _____

Tel No: _____ Email: _____

Details of Compliment, Complaint or Appeal:

Person who the Compliment, Complaint or Appeal is directed to:

Office use only:

How compliment, complaint, appeal or feedback was made:

Written Email In person Phone Received by Government Department

Name of Government Department: _____

Contact details of Government Department: _____

Is the complaint required to be reported to DHS? Yes No

Initial Action Taken:

Complainant acknowledged and contacted (within 3 days of complaint being received)

Initial Findings and Actions:

Details of how Complainant was informed of action and outcomes:

(include dates and method of communication)

Details of Complainants response:

Outcome of Complaint:

Has a corrective Action/Opportunity for Improvement been raised? Yes No

If yes, please provide details:

Signatures:

Employee: _____

Date: _____

Manager: _____

Date: _____

NETM or VWSM: _____

Date: _____