

## Strong Nation Community Services Complaint Form

### Section 1

*Client making complaint to complete Section 1*

Nature of complaint:

Client name:

Client Signature:  Date:

Individual making the complaint is:

- Client     Volunteer     SNCS Staff Member

Complaint is being made against:

- Client     Volunteer     SNCS Staff Member

Contact details:

*Please give this complaint form to your case worker or email it to [Info@strongnation.community](mailto:Info@strongnation.community) and a member of our team will contact you to investigate this further.*

### Section 2

*Staff member receiving this form to complete Section 2*

Comments:

Staff member name:

Staff Signature:  Date:

### FORWARDED TO:

*Please provide full names and contact details*

SNCS Manager:       SNCS Board Member:       Independent:

Contact details:

Review Date:

### Section 3

*The staff member investigating the complaint is to attach the incident report to this form.*

SNCS Manager will act according to the Complaints Policy.

SNCS will make every effort in resolving your complaint. If you are not satisfied with the resolution outcome, you may lodge an appeal against the decision.