

APPENDIX 1

COMPLAINTS FORM

Council wants to provide you with an easy way to lodge a complaint. Complete this form and forward it to **The Complaints Officer, Ipswich City Council, PO Box 191, Ipswich, Qld, 4305.**

PERSONAL DETAILS

Title: _____ Last Name: _____ First Name/s: _____

Address: _____

Telephone (home): _____ (work): _____ (mobile): _____

Other ways to contact you (eg. Facsimile, email): _____

Preferred way for us to contact you: _____

Do you wish for someone to Act as your agent on your behalf in relation to your complaint?

Yes No

If yes, please advise of your agents details:

Title: _____

Last Name: _____ First Name/s: _____

Address: _____

Telephone (home): _____ (work): _____ (mobile): _____

Do you have a disability or other special need that we need to be aware of?

Yes No

If yes, please specify:

COLLECTION NOTICE

Ipswich City Council is collecting your personal information for the purpose of dealing with your complaint and meeting Council's statutory reporting obligations. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to agencies, such as the Office of the Information Commissioner and the Queensland Ombudsman, and/ or other third parties (for example, to an agent you have authorised to act on your behalf). In addition, the information supplied on this form may be kept on a database for reporting/ statistical purposes. Any information used for statistical reporting will be de-identified. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

COMPLAINT DETAILS

Have you raised your complaint with us before: Yes No

If yes, tell us who you spoke to, what you were told and why you are still dissatisfied. Attach any documents you have from your previous contact. Use a separate sheet if needed.

Type of Complaint being made:

Administrative Privacy Publication Scheme

For NEW complaints, tell us WHAT happened? WHO was involved? WHEN and WHERE it happened? (E.g. Does your complaint involve a decision or action that impacted you or perhaps the quality of our service? Please be specific about the area the problem occurred. Attach a separate sheet if necessary).

What would you like to see happen as a result of your complaint?:

Have you done anything about your complaint already? E.g. have you sought assistance from a solicitor, professional advisor, MP or investigation agency? If yes, please provide details such as person you spoke to, when and advice given:

FOR AGENCY USE ONLY

Complaint received by:

- Telephone Email Fax
 Letter In person Web
 Ministerial

Date received:

Staff member who received complaint:

Position: _____ (Phone No.) _____

Summary of any advice provided to complainant on initial contact:

Complaint referred to:

- Complaints Officer Department Supervisor Other (Please specify)

Date of referral: _____ File number: _____

Summary of any advice provided to complainant about the referral (eg. Time lines for further advice) :

Nature of complaint (may fall into more than one category):

- Administrative Decision/Action Information Privacy
 Publication Scheme

APPENDIX 2

COMPLAINTS DATA FORM

Summary of Issues:

Complexity (estimated resources/time for complaint to be resolved):

Priority:

- Negligible Minor Moderate
 Major Extreme

Action Taken:

- Met complainant Phoned complainant Investigated
 Other (specify):

Internal referral (where and when):

External referral (where and when):

Outcome of Action:

- Resolved Partly resolved Deferred
 Withdrawn Discontinued by complainant Unknown
 Other (specify):
-

Rejected (state reason):

Unresolved otherwise (state reason):

Complaint Finalised by:

Complaints Officer Department Supervisor
 Chief Executive Officer Other (specify):

Complaint Satisfaction:

Was complainant satisfied with **outcome** of the complaint?: Yes No Unknown

Was complainant satisfied with **handling** of the complaint?: Yes No Unknown

Remedy:

<input type="checkbox"/> Admission/Acknowledgment of Fault	<input type="checkbox"/> Change of policy/procedure
<input type="checkbox"/> Apology	<input type="checkbox"/> Service improvement
<input type="checkbox"/> Change of Decision	<input type="checkbox"/> Honouring of prior commitment
<input type="checkbox"/> Change of law	<input type="checkbox"/> Information that assists
<input type="checkbox"/> Compensation	<input type="checkbox"/> Promise not to repeat action/error
<input type="checkbox"/> Restitution/Waiver/Goodwill gift	<input type="checkbox"/> Correction of misleading/incorrect records
<input type="checkbox"/> Repair/Work	<input type="checkbox"/> Substitute produce or service
<input type="checkbox"/> Return property inappropriately held	<input type="checkbox"/> Protection of complainants/whistleblowers
<input type="checkbox"/> Technical assistance	<input type="checkbox"/> Explanation of why problem occurred
<input type="checkbox"/> Other: (specify)	<input type="checkbox"/> Steps your agency is taking to avoid recurrence

Systematic Change required? If yes:

<input type="checkbox"/> Legislation	<input type="checkbox"/> Supervisor/control	<input type="checkbox"/> Record Keeping
<input type="checkbox"/> Policy	<input type="checkbox"/> Training	<input type="checkbox"/> Communication
<input type="checkbox"/> Delegations	<input type="checkbox"/> Resourcing	<input type="checkbox"/> Culture
<input type="checkbox"/> Other (specify):		

To be completed by Complaints Officer:

Name: _____ Position: _____

Phone: _____ Email: _____

Date complaint received: _____ Date finalised: _____

Further action required:

Yes No
 Management Review Root Cause analysis and corrective action

Results of further action/analysis:

Was complaint justified? Yes No Partly

Date file closed:

Closure authorised by:

Date details entered in database for trend analysis:
