

Beloved Care Complaint recording sheet

Date	Your name:			Phone or email contact details of person			
	Complainant name:						
Complaint	Description	Response		Status	Date	Complainant	
type (please tick)		action		(please tick)	(dd/mm/yy)	satisfaction (please tick)	
 Abuse Conduct Environment Financial Harm Neglect Physical Restrictive Practice 	What happened? Who did it happen to? When did it happen? (do not ask why something happened or investigate it yourself unless directed)	What did you do about it Write updates on separate lines		Investigating Investigation complete Action proposed Action complete Resolved Unresolved		 Very satisfied Satisfied Neither Not satisfied Escalating 	
1.Basic details		1					

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Sample: record of complaint

Date	Your name: Alison Rose Complainant Name: Mary Jones		Phone or email contact details of person			
10 Aug 2017			mary@info.com.au			
Complaint	Description	Response		Status	Date	Complainant
type (please tick)		action		(please tick)	(dd/mm/yy)	satisfaction (please tick)
 Abuse Conduct ✓ Environment Financial Harm Neglect Physical Restrictive Practice 	What happened? Who did it happen to? When did it happen? (do not ask why something happened or investigate it yourself unless directed)	What did you do about it Write updates on separate Lines below		Investigating Investigation complete Action proposed Action complete Resolved Unresolved	11 Feb 2017	 Very satisfied ✓ Satisfied Neither Not satisfied Escalating
1.Basic details	was loose. Mary feel to the	hrough the Foyer yesterday a e ground and hurt her arm. M oose, and if we will pay her n day.	ary	went to the Doctor an	d her wrist is br	oken. Mary wants

2.Update	Fred Smith spoke to Mary and apologised for the incident. He advised her the rug has been secured with anti-slip
	matting and he does not know why it was missing as all other mats are secured. Mary has been advised to submit
	her medical bills to the finance department for payment. She does not want to take any further action.