Information for Clients: How to Make a Complaint



Complaints related Primary & Community Care Services, Ltd.

We welcome the opportunity to receive feedback from you regarding our services.

If you have a complaint, please complete this form and submit it via:

- Email at <u>enquiries@pccs.org.au</u>, or
- Post to Primary & Community Care Services Limited, PO Box 173, Thornleigh NSW 2120

Our Complaint process

- Primary & Community Care Services has a complaint policy and process in place to assess and aim to resolve all complaints received.
- You may nominate a person you want at the service as the key contact regarding this complaint.
- You will receive acknowledgement within 5 working days of your written complaint being received.
- We will investigate your complaint and if necessary, will contact you to obtain further information.
- We will contact you within a month to let you know the progress of our investigation. We will also contact you if the issue requires a longer time to process.
- If we are unable to investigate your complaint, we will contact you and let you know the reason.

Anonymous complaints

All anonymous complaints will be recorded in the Primary & Community Care Services internal complaints register. However, as we will not be able to contact you to obtain further information to help us with the investigation and assessment of the complaint, our complaint process and possible resolution will be limited.

Confidentiality

Primary & Community Care Services understands that the subject of complaints may be sensitive in nature and we respect your right to confidentiality. If external advice is required in the course of responding to your complaint, it will be sought anonymously or we will contact you to seek your consent. We may need to discuss your complaint with the subject/s of the complaint in order to give them an opportunity to respond to the issue.

COMPLAINT FORM



Complaint det	Services	Limited
If you wish to have a key contact for this complaint, please provide their name		
Details of the complaint or issue:		
Date and time of incident	Location	
Who or what is the subject of the complaint?		
What outcomes can you suggest to resolve this issu	ie?	
Complainant's name	Email	
Home phone number	Mobile phone number	

I understand that by signing this form I am stating that the information I have supplied provides a true and correct representation of the events that have occurred and that have prompted this complaint. I understand that the information I supply will be used by the organisation to further improve its service delivery.

Signature:	Date:
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