

COMPLAINTS FORM AGED CARE

Your details are optional

Date: _____
Name: _____
Address: _____
Phone: _____
Email: _____

Would you like to be contacted about your complaint? Yes No

If you answered yes to the previous question:

How would you like to be contacted? Phone Email Post

What is the best time to contact you? _____

My complaint is about:

- The care or services I am receiving
- The care or services someone else is receiving, please provide name

What is your relationship with the person receiving care? _____

Is the person receiving care aware of this complaint? Yes No

Does the person receiving care consent to this complaint being raised? Yes No

Are you authorised to make decisions on behalf of the person receiving care?

- Yes No

Please note that you may be asked to provide a copy of the documentation authorising you to make decisions on the consumer's behalf.



Seymour Health
Bretonneux Street,
Seymour, Vic, 3660
☎ (03) 5793 6100 Fax (03) 5793 6338
Email: info@seymourhealth.org.au
Website: www.seymourhealth.org.au



Please provide details about your complaint below:

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What outcome would you like from this complaint?

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Australian Government
Aged Care Quality and Safety Commission

Phone: 1800 951 822
Web: agedcarequality.gov.au
Write: Aged Care Quality and Safety Commission
GPO Box 9819, In Your Capital City