

**A.A.S.S. PROCEDURES
CLIENT / WORKER COMPLAINT FORM**



1. Details:

Complainant's Name:			
I am:		(please place an x in the applicable box)	
		Parent / Carer / Guardian	<input type="checkbox"/>
		Young Adult Group Participant	<input type="checkbox"/>
		An Advocate	<input type="checkbox"/>
		Member of the Public	<input type="checkbox"/>
		AASS Worker	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>
Address:			
Telephone Number:		Mobile Number:	
Email Address:			
Is this form being completed by:		(please place an x in the applicable box)	
		Complainant (Go to Section 2)	<input type="checkbox"/>
		Parent / Carer / Guardian (Go to Section 2)	<input type="checkbox"/>
		An Advocate (Go to Section 3)	<input type="checkbox"/>
		AASS Worker (Go to Section 4)	<input type="checkbox"/>
		Other (please specify) (Go to Section 3)	<input type="checkbox"/>

2. Complainant to Answer:

Have you read the AASS Client Complaint Procedure? If no, please take the opportunity to read before proceeding with the complaint.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of your right to have a support person involved in the complaint process? If no, please note that you have the right to have a support person involved.	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Please complete this section if you want to involve a support person in the complaint process:

Name of Support Person:	
Contact Number:	

4. Please provide details of your complaint here:

My Complaint is:			
Date of Incident:		Time of Incident:	
Location of Incident:			
Name of any witnesses that complainant can identify:			
Are there supporting documents that can be provided for this complaint?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What would you like to see as the outcome of this complaint?			

5. Complaint

Are there grounds of discrimination or harassment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are the grounds?		
Does this complaint indicate the possibility of child abuse, eg, physical abuse, sexual abuse or neglect?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details of your report (in NSW) to: NSW Department of Family and Community Services	Person Spoken To: _____ Date: _____	

6. Acknowledgement:

All of the information provided above is true and correct to the best of my knowledge. This statement describes my complaint fully and accurately.

Name Signature Date

7. Confidentiality

I have completed and understand the Confidentiality Agreement, between myself and Autism Advisory & Support Service.

Name Signature Date

AASS Use Only			
Lodged With:		Position:	
Date:		Complaint lodged by:	Telephone <input type="checkbox"/> In Person <input type="checkbox"/> In Writing <input type="checkbox"/>
Supporting documents attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Investigated by:		Position:	
Action Plan developed:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Notes of Action Plan:			
<p>If complaint relates to inappropriate behaviour, details of internal investigation process followed and outcome.</p>			