

ACACIA CHILDREN'S CENTRE

Reg No: A0039290V

ABN: 76 707 214 671



Complaint Record Form

Date:	Complaint record reference:
Your name: Position:	Complaint assigned to:
How was the complaint received (e.g. phor	ne, email, in person)
Name of complainant Name of child or young person involved in the	e complaint:
Name of person making the complaint (if diffe	erent to above):
Name of the person who the complaint was made about (if applicable):	
Complainant contact details: (*Preferred contaa) Address:b) Phone number:c) Email:	act method)
supports?	t Islander? iverse background? If, yes, specify: relevant details ? If yes: n interpreter? communication assistant? support person, advocate, family member? Any other



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If the complainant has a disability, provide any relevant details relating to their guardianship, advocacy or other decision-making arrangements (e.g. the name and contact details of any nominees authorised to receive information on their behalf):
Details relating to the complainant (if made by an adult on behalf of the affected child or young person)
 a) Age: b) Gender: c) Relationship to the affected child or young person: d) Do they identify as Aboriginal or Torres Strait Islander? Y/N e) Are they from a culturally and linguistically diverse background? If yes, specify: f) Do they have a disability? If, yes, provide any relevant details g) Do they have communication support needs? If yes: h) Was the complainant offered an interpreter? i) Was the complainant offered a communication assistant?
j) Any other supports? Provide any relevant information relating to the complainant's preferred communication methods, support needs, and involvement in the complaint-handling process:
Nature of the complaint: Complaint description (accurately record the issues, concerns, details of any witnesses, as far as possible in the child's own words):
What outcome to the complaint is the complainant seeking?
Immediate risk considerations: a) Details of any injuries and if the child or others received medical attention: b) Does the complaint indicate the possibility of criminal conduct? Yes/No/Unsure c) Is a mandatory child protection report required? Yes/No

d) Does the complaint involve a reportable allegation/incident? Yes/No/Unsure



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e) Is any immediate risk management action required? Yes/No		
Next steps:		
Signed:	Date:	
Print Name:		