

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



**1. Details:**

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

**2. Complainant to Answer:**

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

<b>Name of Support Person:</b>	
<b>Contact Number:</b>	

**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>			