



Grievances and Complaints Form

We aim to sensitively respond to your needs in all aspects of service delivery. Please do not hesitate to request a copy of our Grievances and Complaints Policy via the provided phone and email contacts.

Please complete this form to lodge a complaint or alternatively call or email us
Chief Executive Officer: Ramdas Sankaran (08) 9328 2699; ramdas@mscwa.com.au

Quality and Compliance Team: (08) 9444 8283; qualityandcompliance@mscwa.com.au

• Complainant Name

• Contact Number

• Email

• What is your relationship to the Multicultural Disability Services Program

Participant

Participant Representative

Family / Carer

Advocate

Other

• Are you making this complaint on behalf of a person with a disability?

• If so please provide their name

• Do you require any help with communication?

• If yes please detail required help E.g. interpreter

• Please tell us about your complaint. You may wish to include such details as:

• The date and time an incident occurred · An outline of the issues involved

• Have you previously contacted us about this issue?

• If so, when?

• What outcome are you seeking?

Please note it is our duty of care to investigate the complaint thoroughly. We will keep you informed of the complaint's progress and appropriately involve you in the resolution of the complaint and update you on the implementation of any relevant outcomes, including any action taken and decisions made.

Signature of complainant

Date

Internal use only

Complaint received by:

Date complaint received:

Actioned and responded by:

Date: