**Complaints Form**

This form can be used to make a complaint about the Aged Care Quality and Safety Commission or our staff.

The Commission is committed to resolving complaints about its practices and services fairly, efficiently and effectively.

The Commission’s [Complaints About Us Policy](https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC-Complaints-policy.docx) can be found on our website.

**Completing this form**

If you are dissatisfied with the practice or services provided by the Commission you can make a complaint by completing this form. You should send the completed form to info@agedcarequality.gov.au or mail to GPO Box 9819 in your capital city

Your complaint will be acknowledged promptly and you will be given information about the expected timeframes for progressing your complaint.

If you need help or further information about making a complaint about the Commission you can contact us at 1800 951 822 and follow the prompts.

**Confidentiality**

The Commission will protect the identity of people making complaints where this is practicable and appropriate. Personal information that identifies individuals will only be disclosed or used by the Commission as permitted under the relevant privacy law provisions and any relevant obligations.

The Commission will accept anonymous complaints and will consider the issues raised where there is sufficient information provided.

**Other complaint matters**

Complaints about aged care service should be made to the Aged Care Quality and Safety Commission via phone on 1800 951 822 or by completing our [online complaints form](https://www.agedcarequality.gov.au/contact-us/complaints-concerns/what-do-if-you-have-complaint).

If you are dissatisfied with a complaint decision of the Commission you should respond by emailing reviews@agedcarequality.gov.au or calling us on 1800 500 294 within the specified time frame.

## Section 1 - Your details

|  |  |
| --- | --- |
| Title:  | Choose an item. |
| Family name: |  |
| Given names: |  |
| Street address: |  |
| Suburb: |  |
| Postcode: |  |
| Daytime telephone number: |  |
| Mobile: |  |
| Email address: |  |

**Please identify if you are one of the following**

[ ]  Aged care provider

[ ]  Aged care consumer

[ ]  Aged care consumer family/friend/representative

[ ]  Member of the public

[ ]  Other (eg, employee of an Aged Care service)

## Section 2 - Complaint Details

## What is your complaint about (You may choose more than one)

[ ]  The Commission’s policy or procedure

[ ]  Commission staff

[ ]  Quality Assessor/s

[ ]  Communication

[ ]  Information

[ ]  Site visit

[ ]  Other

## Have you previously approached the Commission about the matter?

[ ]  Yes [ ]  No

If yes, please provide details of whom and when

## Please provide details of your complaint

(include dates and locations where relevant – if you need more space, please attach a separate sheet)

|  |
| --- |
|  |

## Have you lodged this complaint with another organisation?

[ ]  Yes [ ]  No

If yes, please provide details

## What outcome are you seeking?

|  |
| --- |
|  |

## Do you require an interpreter?

[ ]  Yes [ ]  No

## If yes, please specify language:

## Section 3 Declaration

I declare that the above information is true and correct to the best of my knowledge. I agree that the information I have given in this form may be used or disclosed by the Aged Care Quality and Safety Commission in considering my complaint.

**Signature:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Date: | Click here to enter a date. |