**First Aid & Mental Health Complaints and Appeals Form**

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| **Information for Applicants**   * Complaints should only be lodged in writing if you have been unable to resolve your issue or concern informally. * Appeals should only be lodged to review a decision that has previously been made, and must be made within ten (10) working days of the original decision having been made. * You will receive acknowledgement of your lodged complaint/appeal within two (2) working days upon Red Cross First Aid & Mental Health (FAMH) having received your complaint/appeal. * FAMH will endeavour to resolve complaints and appeals within a reasonable timeframe - usually twenty (20) working days upon receipt of the written complaint/appeal or as soon as practicable. However in some cases, particularly if the matter is complex, the resolution may take longer. * Applicants may be asked to provide additional information to support their complaint/appeal. * Please complete ALL fields on this form. * Please submit the completed form to your regional FAMH office or email to [Quality@redcross.org.au](mailto:Quality@redcross.org.au) |

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| **PART A – APPLICANT DETAILS** | | | |
| **Personal Details** | Title | First Name | Last name |
| Email | | |
| Mobile Phone | | Phone (home) |
| Home address No. & Street | | |
| Suburb | Postcode | State |
| Postal address No. & Street (if different) | | |
| Suburb | Postcode | State |

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| **PART B – COMPLAINT / APPEAL DETAILS** | | | | |
| Type | Complaint | Appeal | Assessment Appeal | |
| Does your complaint involve behaviour by a FAMH staff member? | | | Yes | No |
| Have you reported your complaint to any other agency? | | | Yes | No |
| If yes, to whom: |  | | | |
| Have you lodged a complaint about this issue before? | | | Yes | No |
| If yes, when: |  | | | |
| **Complaint / Appeal Summary.** Please outline what has occurred that requires you to lodge this complaint / appeal. If necessary, attach an extra page to outline the details. Any supporting documentation should also be provided (copies required only). | | | | |
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| **PART C – PRIVACY STATEMENT DECLARATION** | | |
| Personal information collected by Australian Red Cross Society (ARCS) is protected by the Privacy Act 1988 (the 'Privacy Act'). Personal information is any information that can be used to identify you and includes sensitive and health information.  ARCS will only use the information provided on this form to resolve your complaint / appeal. We will usually provide the information to other parties within this organisation that may have information relevant to your complaint / appeal so that it can be managed fairly.  Your personal information will not be provided to any person you are complaining about, unless it is specifically required to ensure your complaint / appeal is appropriately dealt with. None of the information you provide on this form will be disclosed outside of ARCS without your permission, unless we are required to do so by law.  For more information about your privacy, please visit [www.redcross.org.au](https://www.redcross.org.au/get-involved/learn/first-aid/courses/mental-health-matters) and [www.privacy.gov.au](http://www.privacy.gov.au/) | | |
| **Applicant Declaration:**  By signing this declaration I (insert name)       verify that:   1. The above information is true and accurate and I have not provided any false or misleading information; and 2. I understand and accept the privacy statement above. | | |
| Signature | Date | |
| **This section must be completed by parent or guardian if applicant is under 18 of age:** | | |
| Full Name | | |
| Signature | | Date |

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| **PART D – TO BE COMPLETED BY FAMH** |
| **Outcome of Complaint and or Appeal?** |
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| ***Office Use Only –FAMH Office*** | |
| Date Complaints & Appeals Form Received |  |
| Person Responsible for Actioning Complaint / Appeal |  |
| ***Office Use Only – National Quality*** |  |
| Date Complaints & Appeals Form Received from Regional Office |  |
| Entered on Complaints & Appeals Register | Yes  No |
| Complaints & Appeals Register ID No. |  |
| Priority Assigned | Monitor  Low  Medium High |
| Is complaint closed? | Yes  No |
| Resolution date |  |
| Complainant advised by | Mail  Email  Phone |
| Date Entered |  |
| Entered By |  |