

COMPLAINTS AND APPEALS FORM

Information For Applicants

Please submit the completed form to your local or regional Red Cross office or email to quality@redcross.org.au

- 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 an assessment decision that has previously been made, and must be made within ten (10) working days of the original assessment decision having been made.
- You will receive acknowledgement of your lodged complaint/appeal within two (2) working days upon Red Cross receiving your complaint/appeal.
- Red Cross 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 Part A and Part B of this form in full

PART A – Complainant / Appellant Contact Details

Name:			
Mailing address:			
City:		State:	Postcode
Contact Numbers:	Home/Business:	Mobile:	
Email address:			
Applicant Intends to:	<input type="checkbox"/> Lodge a Complaint	<input type="checkbox"/> Appeal an Assessment Decision	

Details of Complaint / Appeal

Complaint / Appeal relates to:	<input type="checkbox"/> Red Cross Employment Services	<input type="checkbox"/> Red Cross Training Services
Complaint / Appeal Summary: <i>Please outline what has occurred that requires you to lodge this complaint or appeal. If necessary, attach an extra page to outline the details. Any supporting documentation should also be provided (copies only).</i>		
Red Cross employee/s involved if applicable / known:		

PART B – Privacy Statement Declaration

Personal information collected by Australian Red Cross (ARC) 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.

We may be required to provide the information to other parties within the organisation so that your complaint / appeal can be managed fairly. Your information will not be provided to the person/s you are complaining about unless it is specifically required to ensure your complaint / appeal is appropriately dealt with. Information on this form will not be disclosed outside of ARC without your permission, unless we are specifically required to do so by law.

For more information about your privacy, please visit www.redcross.org.au and www.privacy.gov.au

The complainant agrees to the above information being made available to the people who will investigate this complaint:

(If applicable: Verbal Agreement Y N or;

Complainant's signature:

Date: / /

OFFICE USE ONLY		
Complaint Number:		Date received: / /
Received by Quality:		Date received: / /
Complaint received by:		
Business Unit:		
Site Location of complaint:		
Complaint referred to:	or NA <input type="checkbox"/>	Date referred: / /

Details of investigations

Details of corrective actions undertaken:	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

Verification of Implemented Action			
Resolution type:			
Resolution date:	/ /	Complainant advised by	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Email
Is complaint closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any further action required?	Date advised: / /
Name of Investigator:			
Delegated person signature:			Date: / /
Action taken is effective? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not effective conduct new investigation and provide comments:	
Signature of Manager:			Date: / /