Child and Adolescent Health Service

COMPLAINTS MANAGEMENT FORM

This form is available in alternative formats upon request. Telephone 08 9340 7198.

SERVICE:

North Coastal Zone ☐ North Inland Zone ☐ Child Development Service ☐

South Coastal Zone ☐ South Inland Zone ☐ Strategic Support Unit ☐ PMH ☐

COMPLAINANT DETAILS	PATIENT / CLIENT DETAILS
NAME:	**NAME:**
ADDRESS:	**ADDRESS:**
POST CODE:	**POST CODE:**
PH(H) **PH(W)**	**PH (H)** **PH (W)**
RELATIONSHIP TO PATIENT/CLIENT:	**UMRN:** **DOB:**
GENDER: (Please circle) MALE FEMALE	GENDER: (Please circle) MALE FEMALE
LANGUAGE OTHER THAN ENGLISH YES NO	DATE OF COMPLAINT:
INTERPRETER REQUIRED YES NO	DATE OF INCIDENT:
LANGUAGE SPOKEN:	LOCATION OF INCIDENT:
INTERPRETER USED: YES NO	

SUMMARY OF COMPLAINT (What happened? Where did it happen? Who was involved?)

WHAT DOES THE COMPLAINANT WANT TO HAPPEN?

ACTION TAKEN:

OUTCOME:

HOW WAS THE COMPLAINT MADE:

LETTER ☐ FEEDBACK FORM ☐ EMAIL ☐ TELEPHONE ☐ FACE TO FACE ☐ OTHER

WHO TOOK THE COMPLAINT? (PRINT NAME) SIGNATURE:

CONTACT NUMBER: WORK LOCATION DATE

For PMH - ADMISSION STATUS:

INPATIENT ☐ OUTPATIENT ☐ | PUBLIC ☐ PRIVATE ☐ | VOLUNTARY ☐ INVOLUNTARY ☐ | VISITOR ☐ OTHER ☐

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LEVEL	CATEGORY
LEVEL 1	No injury or increased level of care or length of stay. Consumer issues investigated, complaint acknowledged and recorded.
LEVEL 2	Minimal extra care required. Short term extension of services. Issue could be resolved with support.
LEVEL 3	Non permanent injury requiring additional treatment. Significant discomfort or distress. Potential for legal action.
LEVEL 4	Permanent loss of function. Significant issues with standards, quality of care or denial of rights. Complaints with clear quality assurance implications. Threat of legal action and Ministerial / board notification.
LEVEL 5	Long term or severe damage, including death. Grossly substantiated compromised care or professional misconduct. Highly probable legal action.

OFFICE USE ONLY CATEGORIES OF COMPLAINT:		SUB-CODE – MAJOR CATEGORY, THEN SELECT FROM CATEGORY LIST.
1. ACCESS		
2. COMMUNICATION		
3. DECISION MAKING		
4. QUALITY OF CLINICAL CARE		
5. COSTS		
6. RIGHTS, RESPECT & DIGNITY		
7. GRIEVANCES		
8. CORPORATE SERVICES		
9. PROFESSIONAL CONDUCT		

OFFICE USE ONLY CONSUMER OBJECTIVE		OUTCOME/RESOLUTION FOR THE COMPLAINT		RECOMMENDATION/ACTION TAKEN	
Receive an explanation		Concern registered		Quality improvement activity initiated including risk management initiated and system wide changes made.	
Explanation provided		Explanation provided		Policy and/or procedure written or modified.	
Obtain and receive an apology		Apology provided		Training/education of staff provided	
Obtain a refund/compensation		Costs refunded		Staff member/contractor counselled and offered performance support	
Access to services		Service Provided		Duties changed	
Change procedure effected		Change in practice/procedure/effected		Formal warning given	
Change in the policy		Change in the policy effected		Formal warning documented on personnel record	
The hospital/health service will accept and acknowledge its responsibility for the complaint.		Compensation received		Registration Board notified	
		The hospital/health service will accept and acknowledge responsibility for complaint		No further action required	

OFFICE USE ONLY	DATE	SIGNATURE		DATE	SIGNATURE
REGISTRATION			OUTCOME ENTERED		
ACKNOWLEDGEMENT			REPORTED TO CHIEF EXECUTIVE / CO- DIRECTOR/ED		
UPDATE SENT			REPORTED TO CHIEF PSYCHIATRIST		
FINAL RESPONSE			PATIENT/CLIENT REFERRED TO OHR		

SYSTEMS IMPROVEMENT– Process/quality improvement initiated as a result of this complaint.

Please attach any statements / additional information relevant to the investigation