

Compliments, Complaints and Appeals Form



At BRACE we strive to ensure that our services are of the highest quality continuously meet the needs of those we support. Your honest feedback and suggestions are always appreciated, as they enable us to further enhance and develop our services.

| Section 1 – to be completed by students, family, host organisation, other | | | |
|----------------------------------------------------------------------------------|--|--------------|--|
| Date: | | | |
| Name (optional): | | | |
| Address: | | | |
| Contact Number: | | | |
| Email: | | | |
| Relevant Program/Course: | | | |
| Trainer Name (if applicable): | | | |
| Nature of feedback, complaint: | | | |
| | | | |
| Feedback/Complainant Signature: | | Date: | |
| Feedback/Complaint Action (if applicable): | | | |
| | | | |
| Signature of BRACE representative: | | Date: | |

*On receipt, this form is to be signed and copied by a BRACE staff member. Original to be given to the Program Manager and entered on RiskMan, copy to be given to complainant for their reference.

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| Section 2 – to be completed by Program Manager handling feedback/complaint/grievance | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|
| Staff member name, completing section: | | | |
| Name feedback/complainant (if applicable): | | | |
| Steps taken to resolve complaint/grievance: | | | |
| | | | |
| Suggested Resolution: | | | |
| | | | |
| <input type="checkbox"/> Complainant advised of outcome in writing: Copy attached. <input type="checkbox"/> Staff member advised of outcome in writing: Copy attached. | | | |
| Signature of Complainant: | | Date: | |
| Signature of Program Manager Member: | | Date: | |