



ATLAS COMPLAINTS REGISTER

Date Received: / / Phone Personal Contact Written

Name of person lodging Complaint:

ATLAS participant Advocate/Carer Employer Staff

Other (please identify) _____

Street:			
Town/Suburb:		State:	
Postcode:		Phone:	

Name of person receiving Complaint:

Nature of Complaint:

Immediate Action Taken: _____

Is further action required to resolve the issue: yes no

If yes an action plan should be developed within 7 days:





Referral to independent organisation

Name of organisation _____

Date _____

ACTION PLAN: *(to be developed in conjunction with complainant)*

Action Required	Responsibility	Date to be Achieved by	Date Achieved

ATLAS RIO/CEO/OM: _____ Date: / / **Complainant:** _____ Date: / /

COMMENTS / CONTACT

Date	Comment	Signature

