## Appendix B: Open Doors Youth Service Inc.

## Grievance And Complaints Record Form

### Part A: Record of complaint

Date of compliant: _____/____/____

Details of person raising complaint:

Name: _____ Phone:_____

Address: _____ Email: _____

Details of advocate (if applicable)

Name: _____ Phone:_____

Address: _____ Email: _____

Details of Staff or Committee member taking compliant

Name: _____ Position:_____

Phone: _____ Email : _____

Detials of person whom complaint is against

Name: _____ Role:_____

Phone: _____ Email : _____

Nature of the Grievance/Complaint:

Date/s occurred: _____ __

Other parties involved: _____

Details: _____

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Detials of actions to date to address the concern:

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Desired Outcome of Process: _____

Signed: _____ Signed: _____

(Person making complaint) (person receiving complaint)

Date Coordinator Informed ____/____/____ by_____

Date Management Committee informed ____/____/____ by _____

**Part B: Record of Complaint resolution**

Actions to be taken:

| Details of Task | Who is responsible? | By when? | Completed? |
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Records of Meetings/Phone Calls:

| Date | Type of contact | People involved | Key issues discussed | Decisions made |
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Details of External Review (if applicable)

Name: _____ Organisation: _____

Phone: _____ Email:_____

Recommendations from external Review

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Outcomes of Resolution process:

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Has the complaint been resolved? Yes No

**Sigatures upon resolution:**

Person raising complaint: _____ Date: ____/____/____

Coordinator: _____ Date: ____/____/____

Chairperson: _____ Date: ____/____/____