

Complaint Form

Privacy

We comply with the Health Privacy Principles in the Health Records Act 2001 and the Information Privacy Principles in the Privacy and Data Protection Act 2014 and the secrecy provisions of the Disability Act 2006.

What is your complaint?

Name of service:

Location:

Date:

Staff Member:

Please provide specific details about your concerns.

You can include information about particular events that led to the complaint. You can also attach additional information to this form.

Please outline the steps we can take to resolve your complaint.

Your Personal Details

In completing this form I understand Autism West may:

- contact me for further information
- speak to other people related to this complaint

First Name: _____

Last Name: _____

Preferred contact (Phone/Email/text message): _____

Preferred day/time to be contacted: _____