

Complaint Report Form

This form is for the purpose of making a complaint and will be used by **Geelong and Bellarine Podiatry** to assist with recording details and to ensure appropriate actions are taken. Please complete the below sections, including any relevant documentation or communication relevant to the complaint. Completed forms can be returned to leonie@geelongpodiatry.com.au. Free Translating and Interpreting Services can be accessed via <https://www.tisnational.gov.au/> or 131 450.

Your Name:

Contact No.

Please tick all that are applicable to your complaint:

- | | |
|---|--|
| <p><input type="radio"/> Proactive Risk Prevention <i>identification of something that could potentially lead to an incident and/or accident</i></p> <p><input type="radio"/> Complaint</p> | <p><input type="radio"/> Incident <i>event or situation that did not result in harm to an individual</i></p> <p><input type="radio"/> Accident <i>event or situation that resulted in harm or injury to an individual or breakage of equipment</i></p> |
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Complaint Regarding:

- | | |
|---|--|
| <p><input type="radio"/> NDIS Participant</p> <p><input type="radio"/> Geelong Podiatry</p> <p><input type="radio"/> Bellarine Podiatry</p> | <p><input type="radio"/> Staff Member</p> <p><input type="radio"/> Clinic or building related</p> <p><input type="radio"/> Other (please detail in next section)</p> |
|---|--|

Details of Issue:

Date:	Time:
Participant Name (if relevant):	
People Present / Involved:	
Location:	
Description of event and any injuries – please include; events leading up to accident / event and any injuries sustained:	

Signature:

Date Signed: