



Riding for the Disabled Association SA Inc
215 Portrush Road, Maylands, SA 5069

Complaint Registration Form (including grievances and disputes)

Section 1.

Complainant's details.			
Name:			
Address:			
Phone home:	Phone work:	Email:	
Summary of complaint (When, where, who, what happened?). <i>If insufficient space attach statement</i>			
Is it a (refer to Grievance Policy for clarification)	Complaint <input type="checkbox"/>	Grievance <input type="checkbox"/>	Dispute <input type="checkbox"/>
Was the complaint	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>	
Resolution requested by complainant:			
Action:			
Outcome:			
Was complaint resolved immediately? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Complaint logged in Centre Complaints register? Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy of complaint sent to State Office Yes <input type="checkbox"/> No <input type="checkbox"/>	
Centre Receiving Officer		NAME	
POSITION	CENTRE	DATE	
Signature			
Date acknowledgement sent to complainant (within 5 working days):			
Date/s complainant advised of progress (if applicable):			
Date complaint finalised (within 30 days if possible):			

This completes Section 1.

Riding for the Disabled Association SA Inc

Complaint Registration Form (including grievances and disputes)

To be completed by reviewing officer (person other than receiving officer)

REVIEW NOTES (to be completed by receiving officer)		
Action taken:		
Outcome:		
Is the complaint resolved? Yes <input type="checkbox"/> No <input type="checkbox"/> (if NO refer to State Office)		
Centre Reviewing Officer		NAME
POSITION	CENTRE	DATE
Signature		
Complaint referred to State Office for resolution? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Outcome finalised? Yes No

- File one copy in Centre Complaint Register.
- Send one copy to State Office for State Complaints Register.
- Write letter of receipt and proposed course of action