



COMPLAINTS, COMPLIMENTS & FEEDBACK FORMS

COMPLAINTS PROCEDURE

1. *This form should be completed for all complaints.*
2. *Complaints may include:*
 - *Unsafe acts or service e.g. dangerous driving*
 - *Unexpected, harmful incidents to clients e.g. inappropriate behaviour poor service*
 - *A complaint against a Kaimahi*
 - *A complaint against a health professional*
3. *Clients and whanau will have access to complaint form for completion in privacy and returned as soon as possible.*
4. *This form is given to the Manager who will investigate the complaint and instigates any immediate action necessary. All complaints are to be dealt with IMMEDIATELY; the investigation is to be completed within 3 working days. An incident report will be completed by the Kaimahi involved, and signed off by the Manager. Copies of the forms completed and filed in the Client file. Follow up or feedback shall be provided to the person making the complaint as soon as reasonably possible, but not longer than five working days. The person making the complaint shall be contacted in writing within 10 working days of receipt of the complaint.*
5. *Kaimahi and Client confidentiality will be maintained throughout the procedure.*
6. *If the person making the complaint is not satisfied with the outcome of the complaint investigation and subsequent action taken by management, they should be informed of their right to access an independent advocate, who can be provided through the Advocacy service.*
7. *The person making the complaint must also be informed of their right to forward the complaint to either the Health and Disability Commission or the Mental Health Advocacy Services if they are not satisfied with the outcome of the complaints procedure.*



COMPLAINT

DETAILS OF COMPLAINT:

WHAT IS YOUR RELATIONSHIP TO MANA O TE TANGATA TRUST?

Client/ Tangata whaiora Family/Whanau Visitor

Other: _____

NAME:

SIGNATURE:

DATE:

FOR A RESPONSE TO THIS COMPLAINT PLEASE PROVIDE THE FOLLOWING DETAILS:

ADDRESS: _____

EMAIL: _____



COMPLIMENTS

DETAILS OF COMPLIMENTS:

WHAT IS YOUR RELATIONSHIP TO MANA O TE TANGATA TRUST?

Client/ Tangata whaiora Family/Whanau Visitor
Other: _____

NAME:

SIGNATURE:

DATE:

FOR A RESPONSE TO THIS COMPLIMENTS PLEASE PROVIDE THE FOLLOWING

DETAILS:

ADDRESS: _____

EMAIL: _____



FEEDBACK

DETAILS OF FEEDBACK:

WHAT IS YOUR RELATIONSHIP TO MANA O TE TANGATA TRUST?

Client/ Tangata whaiora Family/Whanau Visitor
Other: _____

NAME:

SIGNATURE:

DATE:

FOR A RESPONSE TO THIS FEEDBACK PLEASE PROVIDE THE FOLLOWING DETAILS:

ADDRESS: _____

EMAIL: _____

We welcome and appreciate receiving your feedback. Your feedback will be passed on to the manager, who may contact you for more information.

When we receive this form from you, Mana o te Tangata Trust will send you an acknowledgement letter. If you do not receive this letter, please call our Service Co-ordinator on 06 358 5444.