



# Pukekohe North School

Princes Street, Pukekohe. Phone 0-9-238-8552

## **Complaint / Action Record Form:**

(To be completed by the person receiving the complaint)

### **Date of Complaint:**

### **Complaint received by:**

**Complaint made via:** Telephone  
Letter (attached)  
In person  
Email  
Other

### **Subject of Complaint:**

### **Support Service Details: (if required)**

Details of the complaint should be written on the next page. If there is insufficient space, attach extra sheets.

### **Information to be given to the Person making the Complaint:**

- Reassure the carer/ carer recipient/ advocate that all complaints are treated confidentially and that they will not experience any loss of support or service because they have made a complaint.
- Explain the complaints procedure.
- Remind the carer/ care recipient that they have the right to use an advocate of their choice and refer them to appropriate consumer **advocacy services**.
- Thank the person for their complaint and explain that complaints are valuable in assisting to maintain and improve the educational and community support provided by Pukekohe North School

### **Name of Complainant:**

### **Address:**

### **Phone number:**

### **Detail of Complaint:**

**Comments:**

**Actions to be Taken:**

**Written Feedback to be Given by: (within 7 days)**

**Outcome:**

**Signed: (Coordinator)**

**Date:**

**If outcome unsatisfactory, referred on to:**

**Name**

**Date:**

**Organisation:**

**Follow up Required and by Whom:**

**If further referral required, response required by:**

**Person referred to:**

**Contact no:**

**Position and Organisation:**

**Outcome:**

**Signed:**

**Position:**

**Date:**