



COMPLAINT FORM

If you, or someone you know, has a concern about a service provided by CPtherapy we would like to hear from you, so as to do our best to rectify the situation for you. We value your feedback as it gives us the opportunity to look at the way we do things and improve our services.

We would like to resolve your issue as quickly as possible and will contact you within three working days of receipt of the complaint to discuss your concern and aim to resolve your complaint within ten working days. If your complaint is more complex and requires more time to investigate, we will discuss this with you along the way.

A complaint can be completed over the phone by calling the CPtherapy Director, Brian Hoare directly via 0435 615 187 or by completing and returning this form via admin@cpththerapy.org or post to CPtherapy, Mary Glowery Building Level 3, Room 14 115 Victoria Pde, Fitzroy, 3065. If you would like a printed version of this form, please don't hesitate to contact us and we will gladly provide one to you.

If you're not satisfied with the response you received from CPtherapy, or do not feel comfortable talking with us directly you can either contact your funding organization, Occupational Therapy Board of Australia (T: 1300 419 495) or the NDIS Quality & Safeguarding Commission (T: 1800 035 544 - NDIS participants only).

Part A: Details of person lodging complaint

Name		Date of birth	
Address			
Email		Phone	
Preferred method of contact	Phone Email Face to face meeting	Do you require an interpreter?	Yes – language No
Are you lodging this complaint on your own behalf or someone else?			Self - leave part B blank Someone else - please complete part B

Part B: details of client receiving CPtherapy services – leave blank if you are the client

Name		Date of birth	
Address			
Email		Phone	
Preferred method of contact	Phone Email Face to face meeting	Do they require an interpreter?	Yes – language No



ACU Allied Health Clinic
Australian Catholic University
Mary Glowery Building
Level 3, Room 14
115 Victoria Pde, Fitzroy, 3065
Phone: 0435 615 187
Website: www.cpththerapy.com

<p>WHAT IS THE NATURE OF THE COMPLAINT? Please outline when the concern occurred, what happened, who was involved, where it happened and your main concerns. <i>Attach any supporting documentation you may have if applicable, or additional pages if required.</i></p>

<p>Privacy and confidentiality</p> <p>In managing your complaint, we need to gather information about you. We comply with the Information Privacy Principles in the Information Privacy Act 2009. We will not disclose any personal information unless you consent or the disclosure is allowed, authorized or required by law. Should you wish to obtain any documentation held by CPtherapy, you have a right to do so. Please refer to our Privacy Policy for further information.</p> <p>Checklist: I have clearly identified my concerns and included as much detail as I can. I have attached copies, not originals, of any relevant documentation that supports this complaint. I understand it is an offence to knowingly provide false or misleading information to CPtherapy.</p> <p>Signature: _____ Date: _____</p>

<p>Send your complaint to us</p> <p>Email: admin@cpththerapy.org Phone: 0435 615 187 Post: CPtherapy, Mary Glowery Building Level 3, Room 14 115 Victoria Pde, Fitzroy, 3065 We will contact you no later than three (3) days after receipt of this complaint form.</p>
