**St John Ambulance Australia Inc.**

COMPLAINT AND FEEDBACK FORM

St John Ambulance Australia Inc. (the St John National Office) is committed to continuously improving and we welcome any feedback or formal complaint that you wish to make. We take all feedback and complaints seriously.

We may need to contact you about your complaint, so please do provide your name and contact details. However, we understand that some people may not wish to be identified. While we encourage you to identify yourself and provide your contact information, if you wish to make an anonymous complaint, you can do so and we will still follow our complaints policy and process and make a decision about the information that you give us.

All complaints will be treated confidentially and in accordance with the *Privacy Act* 1988 (Cth) except where we believe that the health, safety or wellbeing of someone is at risk or unless required by law.

If you need help in submitting your complaint, or support during your complaint, you can appoint a support person or we can appoint an independent support person to assist you.

A child friendly version of this form is also available from [policy@stjohn.org.au](mailto:policy@stjohn.org.au).

Name of person completing this form: Click or tap here to enter text.

Name of person making complaint or the aggrieved person: Click or tap here to enter text.

I wish to remain anonymous:

Is the person making the complaint:

A St John member  A St John youth member  Family member of a St John member   
 Community member  Support person/advocate  Organisation

Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

What is your preferred method of being contacted? Choose an item.

Tell us what happened

What happened? Please give us details:

Click or tap here to enter text.

When did it happen? Click or tap here to enter text.

Where did it happen? Click or tap here to enter text.

Who was involved? Click or tap here to enter text.

What have you done so far to try and resolve the complaint? (e.g. did you contact us to try and resolve your complaint and the response was not satisfactory)

Click or tap here to enter text.

What do you think needs to be done to address or resolve your complaint or what outcome are you hoping for?

Click or tap here to enter text.

Do you require assistance to participate in the complaints process? Choose an item.

Are you attaching supporting information or evidence? Choose an item.

Signature (of person completing this form): Click or tap here to enter text.

Date: Click or tap to enter a date.

How to return this Form

Fill in the form and save your response. The:

* Email it to [policy@stjohn.org.au](mailto:policy@stjohn.org.au).
* Hand it to a staff member.
* Post it to the Complaints Manager, St John Ambulance Australia, PO Box 292, Deakin West ACT 2600.

What will happen now?

Thank you for taking the time to let us know about your concerns, complaint or feedback. Once we receive your complaint, will follow the process outlined in our Complaint Handling Policy (a copy can be obtained by emailing [policy@stjohn.org.au](mailto:policy@stjohn.org.au)) and work with you to resolve the matter. We may need time to resolve your concern or complaint, depending on what it is about.

We will:

* Record your complaint on our Complaints Register.
* Acknowledge receipt of your complaint within 2 working days.
* Identify the appropriate person in St John to manage your complaint. This person will be your contact and we will provide that person’s contact details to you. You can let us know if you wish to have a different contact person.
* Keep you informed at all stages of the decision-making process.
* Investigate the complaint and form a decision. We will advise you of the outcome.

What if I am not satisfied with the outcome?

* You can appeal our decision. To do so, you will need to notify us in writing.
* An investigator will be appointed. It will not be the same person who initially investigated the complaint. Depending on the nature of the complaint, it may be an externally appointed investigator.
* Nothing in this complaints process will prevent you from engaging in any form of external complaints or legal process, or from making a complaint to any legal authority or regulatory authority.

Office use only

Date received: Click or tap to enter a date. By: Click or tap here to enter text.

Acknowledgment of complaint provided (date): Click or tap to enter a date.

Complaint sent to Manager (date): Click or tap to enter a date. Manager name: Click or tap here to enter text.