

CDNI Care Pty Ltd

Complaints Register

This Complaints Register should be interpreted and completed in accordance with the Feedback and Complaints Management Policy

Date and time of complaint	Mode of complaint	Complaint Form completed?	Complainant Name, Phone Number and Email Address	Description of the complaint	Desired outcome for complainant	Date actioned	Date completed	Reasons for action/decision	Complainant notified of outcome	Complainant response and any further action	Complaint Manager signature
<i>Date and Time</i>	<i>Phone/In person/via website/by post</i>	<i>Y/N and provide reference to form</i>	<i>Name Phone Number Email Address Relationship of complainant to CDNI Care Pty Ltd</i>	<i>Include full description of complaint. Update as new information is provided in accordance with Complaints Process set out in Feedback and Complaints Management Policy</i>	<i>Set out desired outcome for complainant in full and update as required</i>	<i>Date</i>	<i>Date</i>	<i>Give detailed reasons for action/decision</i>	<i>Y/N and by what mode(s) of communication and on what date(s).</i>	<i>Provide detailed notes of response</i>	<i>Details, signature and date of signature for Complaint Manager</i>