



Brisbane | Ipswich | Logan | Gold Coast

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Complaints Form

Participant Name: _____

Date of Incident/Complaint: _____

Person Completing Form: _____

Relationship to Participant: _____

1. Type of Feedback

Please indicate a number below which relates to the nature of your feedback:

1. Complaint about service, staff, or program delivery
2. Complaint regarding participant safety or child protection concerns
3. General feedback or suggestion for improvement

Here (number): ____

2. Details of Complaint / Feedback

Please provide a clear and detailed description of the issue, including:

- Date, time, and location of the incident
- People involved
- What happened and any immediate actions taken

Attachments (if applicable): ☐ Yes ☐ No

(Attach supporting documents, photos, emails, or statements)

3. Desired Outcome

Please describe the outcome you hope to achieve as a result of this complaint or feedback:

4. Accessibility of Complaints Process

If you would prefer to lodge your complaint or feedback in another way, please let us know. Options include:

- Submitting this form in writing
 - Making a verbal complaint (in person or by phone)
 - Sending an email
 - Asking for support to complete this form
-

5. Action Taken by Ironbark Adventure Mentoring (For Office Use Only)

- Date Received: _____

- Investigation Notes:

- Actions Taken / Resolution:

- Follow-up Required: ☐ Yes ☐ No

- Date Completed: _____

- Staff Responsible: _____

6. Timeframe & Acknowledgment

- All complaints will be acknowledged within 5 business days.
- Investigations and resolutions will be undertaken promptly and communicated back to you within a reasonable timeframe.

7. Confidentiality & Privacy

- All complaints and feedback will be treated confidentially and in accordance with the Privacy Policy.
- Information will only be shared with staff, contractors, or authorities as necessary to investigate or resolve the complaint.
- Child protection complaints will be reported as required under the Child Protection Act 1999 (QLD) or relevant legislation.

8. Acknowledgment of Receipt

I acknowledge that Ironbark Adventure Mentoring has received this complaint/feedback and will investigate in accordance with relevant policies.

Initials: _____

Follow-Up Contact Preference:

☐ Phone

☐ Email

- ☐ In-person meeting
 - ☐ No follow-up required
-

9. Consent for Minors

If the participant is under 18 years of age, a parent/guardian must provide consent:

Parent/Guardian Name: _____

Signature: _____ Date: _____

10. Escalation Pathways

If unresolved after internal review, complaints may be escalated to:

- NDIS Quality and Safeguards Commission (for NDIS participants)
- Queensland Ombudsman
- Queensland Human Rights Commission
- Department of Child Safety, Youth and Women (for child protection concerns)

Documentation of Escalation:

If the complaint is referred externally, details of the referral will be recorded securely.

11. Signatures

Complainant / Feedback Provider: _____

Date: _____

Business Owner / Responsible Staff Member: _____

Date: _____