

Housing Plus – Complaint and Appeal Form

This form should be used to submit a complaint or appeal related to Vinnies WA Housing Services. Appeals must be lodged within 20 days of the initial event/decision.

The information provided on this form will be used exclusively to resolve where possible your complaint/appeal.

Please submit the completed form to the Complaints Officer by Mail: **SCS Complaints/Appeals Officer, 2 Bayley St, Woodbridge, WA 6056** or by email: **SCSComplaints.Appeals@sudpwa.org.au**

Complaint Details			
First Name:		Last Name:	
Address:			
Relationship to Vinnies WA:		Name of Agency (if applicable):	
Mobile:		Email:	
Lodging a Complaint:		Lodging an Appeal:	
<u>Reason for this Complaint</u> (Please tick and provide further details below)		<u>Reason for this Appeal</u> (Please tick and provide further details below)	
<input type="checkbox"/> Policy/Procedure <input type="checkbox"/> Staff member (please provide name): <input type="checkbox"/> Services/Amenities provided (please specify): <input type="checkbox"/> Property Condition/Location (please specify): <input type="checkbox"/> Resources provided (please specify): <input type="checkbox"/> Maintenance/Modifications Completed (please specify): <input type="checkbox"/> Management of Tenancy Complaint <input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Referral Outcome (please specify): <input type="checkbox"/> Termination/Non-Renewal of lease: <input type="checkbox"/> Tenancy Request Outcome (please specify): <input type="checkbox"/> Offer of Accommodation Outcome (please specify): <input type="checkbox"/> Rent Rate/Tenant Liability Charges Applied <input type="checkbox"/> Breach Outcome <input type="checkbox"/> Maintenance/Modification Request Outcome <input type="checkbox"/> Other (please specify):	
Complaint/Appeal Details (Summary) Please outline the reasons for your complaint or appeal and attach supporting evidence if applicable.			

Acknowledgement

I have read and understand the Vinnies SCS Compliments, Complaints and Appeals Policy and the Housing Services Complaints and Appeals Procedure. I understand that I may be requested to provide further information or attend a meeting upon request to discuss my complaint/appeal further. I am willing to attend a meeting with Vinnies WA if required.

Name:		Signature:		Date:	
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Vinnies WA Office Use Only

Receiving Staff Member:		Date:	
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<input type="checkbox"/> Complaint/Appeal Recorded in Register	Date:	
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<input type="checkbox"/> Acknowledgement sent to Complainant	Method:		Date:	
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<input type="checkbox"/> Complaint/Appeal Forwarded to Service Manager/EM	Date:	
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Service Manager/EM Action

<input type="checkbox"/> Complaint/Appeal Reviewed	Date:	
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<input type="checkbox"/> Staff Involved/Manager Involved Spoken to	Date:	
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Findings/Recommendations Details (Summary)

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Complaint Outcome

<input type="checkbox"/> Complaint Supported
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<input type="checkbox"/> Complaint Not Supported
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Appeal Outcome

<input type="checkbox"/> Appeal Overturned
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<input type="checkbox"/> Appeal Upheld
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Name:		Position:		Date:	
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<input type="checkbox"/> Complaint/Appeal Register Updated with Outcome	Date:	
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<input type="checkbox"/> Letter with Outcome issued to Complaint (within 10 working days of outcome decision)	Date:	
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<input type="checkbox"/> Outcome Recorded in CI Register (if applicable)	Date:	
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<input type="checkbox"/> Record saved in Client file/Complaint/Appeal File (as applicable)	Date:	
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