

Complaint and Incident Form

Complete this form to report non-injury incidents and complaints.

As well as completing this form, all incidents and serious complaints must be reported to Drake Medox 1300 360 070 within 24 hours.

Instigator Details				
Your name:	Role:			
Client name (if applicable):				
Incident / Complaint Details				
Date when incident occurred:	Time:			
Address/ location of where incident / event happened?				
Adverse Event	Incident	Complaint	Critical Incident	Reportable Incident
circle/underline incident type				
Details:				
What do you believe needs to be done to resolve this?				
Form completed by:			Date:	
Your signature:			Please complete form and send to: Drake Medox	
<p>Drake Medox takes all reported incidents and complaints very seriously and is committed to continuously improving its service. If you feel that the incident/complaint you have reported has not been resolved appropriately, please contact Drake Medox on 1300 360 070.</p> <p>For anonymous complaints send the form to Medox Feedback. Medoxfeedback@au.drakeintl.com; or mail GPO Box 177 Sydney NSW 2001; or call 02 9273 0590 directly.</p> <p>See 4.5 Handling Complaints and Incident policy for other alternative complaint options</p>				

Complaint and Incident Form

Office use only:		
Recorded in Register? <input type="checkbox"/>	Ref. Number:	Investigation required? <input type="checkbox"/>

This page is used by Drake Medox office employees only.

Investigation	
Other comments:	
Analysis	
Select the most likely cause:	
Lack of training/knowledge <input type="checkbox"/> Lack of resources <input type="checkbox"/> Ineffective procedure <input type="checkbox"/> Attitude towards job <input type="checkbox"/> Other <input type="checkbox"/>	
Corrective Action required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ref. Number:
Log	
Investigated by:	
Action / Date	Action / Date
Responded to Instigator:	Details entered in Bond:
Started investigation:	National Manager notified:
Finished investigation:	Client contacted for feedback on Complaint process: Yes No Comments:
Action completed:	Post incident de-briefing action:
Name of person who approved action:	
Responded to within 48 hours of receipt of complaint: Yes No	
Attachments Yes No	Complaint Closed off: Yes No Date: