

# Supported Residential Facility Complaint Form

City of Mount Gambier is the Licencing Authority for Supported Residential Facilities (SRF) within the Council area under the South Australia SRF Act (*the Act*) 1992 and South Australia SRF Regulations 2009. Please use this form for Section 49 "Complaints" of the Act as follows;

- (1) *A complaint –*
- (a) *about the management of a supported residential facility or any residential-only premise; or*
  - (b) *about the conduct of a resident of a SRF or any residential-only premises,*
- may be made to a licensing authority under this Act.*
- (2) *A complaint under this section must, if the licensing authority so requires, be reduced to writing.*
- (3) *The licensing authority may take such action as I thinks fit in view of the complaint.*
- (4) *Without limiting the operation of subsection (3), the licensing authority may appoint an authorised officer to carry out an investigation into the circumstances surrounding the complaint and to attempt to resolve the matter as expeditiously as possible.*

Complaint notification and attempted resolution with the SRF is to be undertaken as per the SRF Complaint Policy in the first instance, unless the complaint is of a:

- significant dispute (Regulation 25 – reported to a Police Officer), or
- serious risk to health (may cause harm or death)

Please contact the facility to request a copy of their complaint policy and follow the steps as outlined. This complaint policy should also be included in the SRF Prospectus. Complaints are to be written and accompanied by this completed complaint form.

Council Authorised Officer(s) can take into account the details of the complaint, and also:

- Council's statutory powers;
- attempted resolution process undertaken by both parties to date;
- the result of any risk assessment that may be conducted;
- involvement of outside agencies (as appropriate);
- opportunities for negotiation/mediation/conciliation; and,
- other factors, as appropriate.

When making this complaint copies of SRF Act & Regulations are available at [www.legislation.sa.gov.au](http://www.legislation.sa.gov.au)

<b>Complainant</b> Contact details of the person making the complaint.	Date:
	Name:
	Address:
	Phone: <span style="float: right;">Mobile:</span>
	Email:
	First Language: <span style="float: right;">Interpreter needed: Yes / No</span>
	What is your connection to the SRF (please circle) <ol style="list-style-type: none"> <li>1. Resident</li> <li>2. Resident Representative (as per definition in the Act)</li> <li>3. Staff member</li> <li>4. Ex-staff member</li> <li>5. Family</li> <li>6. Case worker</li> <li>7. Other (describe)</li> </ol>
<b>If applicable, details of Resident of whom you are representing or connected to.</b>	Resident Name:  How long have they been living at the Facility?

	Resident Age: _____ Years                      Gender: Male / Female
	First Language:    Interpreter needed: Yes / No
<b>Basis of complaint</b> Description of the circumstances, frequency, severity, source/cause of the complaint, general issues etc. on which the complaint is based. (how, why, where & when)  Additional pages can be attached	Location:
	Date of incident:
	Details:
<b>What best describes your complaint type?</b>  (please circle)	1. Food 2. Accommodation 3. Resident behaviour 4. Staff behaviour 5. SRF Management 5. Other (describe) _____
<b>Police involvement with incident/issue?</b> <b>Was an ambulance involved with incident/issue?</b> <b>Has the facility owner/operator been notified in writing?</b>	Yes / No , if Yes Police Report Number:
	Yes / No , if Yes who called the ambulance?
	Yes / No , If Yes attach copy of written complaint
	If Yes, attach copy of SRF response / investigation resolution
	Does the complainant agree with what is written? Yes / No  If No, indicate reason(s):
	If No, follow steps within the SRF Complaint Policy / Procedure
<b>Have you made a complaint to Council on this matter before?</b>	Yes / No
<b>If Yes, what has changed to trigger another complaint (new evidence)?</b>  Note: If no new evidence then further action not likely to be undertaken.	Date:
	New Evidence:
<b>If new complaint/evidence, what negative health impacts may arise from issue?</b>	
<b>What is your expectation of Council in this instance?</b>	
<b>What actions, if any, have you already been taken to resolve this situation?</b>	

The above information that I have provided is true and correct. There is no further information that is relevant to this matter that I am aware of.

CONFIDENTIALITY: in so far as reasonable and practicable will be applied, however this can restrict the extent of the actions being undertaken by authorised officers.

Do you give permission for the complainant and the complaint details to be shared by authorised officers with others relevant to the investigation? Please complete the following.

I \_\_\_\_\_, do / do NOT give my permission for authorised officers to share the complainant name and details of the complaint with relevant stakeholders as follows (please circle):

- Relevant Council Staff and Management Officers
- Case Worker (if applicable)
- SRF Proprietor
- Medical Practitioner/Health Service Provider
- Other: (describe) \_\_\_\_\_

If the complainant is not a resident, does the resident whom the complainant is representing give informed consent to the complaint details being shared? Yes / No

**Signature of Resident** (as above): \_\_\_\_\_ **Date:** \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please note: there are circumstances where confidentiality without full consent could be waived (eg legal requirements, an issue endangers residents (that duty to act to protect residents generally is paramount over the duty of confidentiality to an individual resident or staff member(s))).

**Complainant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Tick the attachments included:*

- Copy of Complaint Lodged with SRF
- Copy of SRF Resolution response or request
- Other \_\_\_\_\_

PLEASE RETURN COMPLETED FORM BY ANY OF THE FOLLOWING:

Email: [city@mountgambier.sa.gov.au](mailto:city@mountgambier.sa.gov.au)

Facsimile: (08) 8724 9791

In Person:

OR

By Post:

City of Mount Gambier  
10 Watson Terrace  
(PO Box 56)  
MOUNT GAMBIER SA 5290

*Office Use:*

*Acknowledgement*

*Trim*

*CRM*

*Evaluation Assessment*

*Resolution*