

Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

P 02 4969 8060
E info@ecmonhudson.com
www.ecmonhudson.com

F 02 4969 2879

Unit 1, 46 Hudson Street
Hamilton NSW 2303



COMPLAINTS FORM - BACKGROUND INFORMATION

Have you approached Educational Case Management Pty Ltd about this complaint? ☐ Y ☐ N

Do you have any special circumstances we need to be aware of in order to manage your complaint? ☐ Y ☐ N

CONTACT DETAILS - RECOMMENDED BUT NOT NECESSARY

Client's Name:	<input type="text"/>		
Postal Address:	<input type="text"/>	Home Phone:	<input type="text"/>
	<input type="text"/>	Mobile Phone:	<input type="text"/>
	Postcode:		
Email Address:	<input type="text"/>	Work Phone:	<input type="text"/>

Preferred contact method: ☐ Email ☐ Mail ☐ Home phone ☐ Mobile phone ☐ Work Phone

COMPLAINT DETAILS

Please use the spaces outlined below to provide a summary of the complaint is issue you would like addressed.
If you need more space or wish to include other information, attach separate documents to this form or email:
info@ecmonhudson.com

Please describe in detail the incident / occasion that needs to be addressed

Date:

Who is involved in the complaint? (e.g. clinicians / contractors), individuals, professionals organisations, third party)

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COMPLAINT DETAILS - CONTINUED

In what way has this occasion / issue impacted on you and / or your well-being?

What is the desired outcome from making this complaint?

Have you tried to manage this issue on your own, and if so, how?

Are there any other issues you would like to address which may or may not be associated with this complaint?

Thank you for telling us of your concern. Your feedback is important and will be addressed and carefully considered.
Once complete, please give this form and any relevant documents to Educational Case Management Pty Ltd,
or send as an attachment to info@ecmonhudson.com

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CONSENT AND AUTHORISATION

It would assist the Educational Case Management Pty Ltd to have your privacy consent for the purpose of undertaking your complaint. You may choose to remain anonymous; however it is important to note that without your consent it will be difficult for Educational Case Management Pty Ltd to comprehensively address your concern(s).

I give consent to the Educational Case Management Pty Ltd to disclose my personal information to the clinician (contractor) providing the service, individuals, professionals, organisations, including third parties, involved in the complaint for the purposes of looking into and reporting the complaint.

☐ Y ☐ N

I give consent to clinician (contractor) providing the service, individuals, professional, or organisations including third parties, involved in the complaint to disclose my personal information to the Educational Case Management Pty Ltd for the purpose of looking into and reporting on my complaint by Educational Case Management Pty Ltd.

☐ Y ☐ N

I wish to remain anonymous

☐ Y ☐ N

I am under 18 years of age

☐ Y ☐ N

If you ticked 'yes' to the question above, your Parent/Guardian will need to supply their details below:

Parent /
Guardian Name:

Postal Address:

Postcode:

Home Phone:

Mobile Phone:

Email Address:

Work Phone:

Preferred
contact method:

☐ Email

☐ Mail

☐ Home phone

☐ Mobile phone

☐ Work Phone

If you would like a copy of this information, please print BEFORE you submit the application.

This form is available to ALL persons involved in the complaint process.

OFFICE USE ONLY

Complaint Received Date:

Clinician actioning the complaint:

Resolution Steps:

Recommendations:

Complaint Resolved Date:

Client Record updated on Power Diary:



Member
Australian
Psychological
Society MAPS

Lynette Bainbridge M.A.P.S. - Consultant Psychologist B.Sc. (Psych); B. Soc. Sc; Dip Ed; MSch Cns.

APS Registration No: PS 00 036 063; Medicare Provider No: 28087821; APHRA Registration No: 0001 379 950

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