Complaints Form

EPILEPSY NEW ZEALAND®
THE NATIONAL EPILEPSY ASSOCIATION OF NEW ZEALAND
kia titiro ki te tangata - see the person

Thank you for taking the time to submit a complaint. Your complaint will be dealt with in accordance with our Complaints Policy which is included with this form for your reference. All information will be treated confidentially.

Your Full Name _____ **Client/Member/Staff/Other** _____

Postal address _____

Email address _____ **Contact phone number** _____

Are you happy for us to speak openly with any person or people involved? Y N

In order for us to manage your complaint in the best way, we need to know as many details from you as possible. If your complaint is about a specific person/people or a specific day, we need to know these details. You are welcome to attach an additional sheet to this form to describe your complaint in full if required.

Complaint Details:

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While we can't guarantee what the outcome will be following any investigation into your complaint, we would like to know what outcome you think would satisfy your concerns?

Suggested Outcome:

All details in this form provided by me are correct to the best of my knowledge. By signing this form I consent to Epilepsy New Zealand initiating an investigation into my complaint in any way it sees fit. I will participate in the investigation process where requested so that the best outcome for all parties can be reached. I have received a copy of the Epilepsy New Zealand Complaints Policy and understand the process involved.

Complainant Signature **Date**

Office Use Only

Date form received by ENZ:

Signature of CEO

Internal Documentation Completed Y N

Updated August 2019