

Complaints



Move & Grow Physiotherapy seeks to resolve any dissatisfaction or complaint as quickly as possible whilst ensuring that the complaint is taken seriously and handled appropriately. How we respond to the receipt of a complaint is just as important as whether it is resolved. We aim to address each complaint in accordance with our values and privacy policy and in an equitable, objective and unbiased manner.

Complaints can be made in person or by email (to info@moveandgrowphysio.com.au). We accept anonymous complaints and will carry out an investigation where there is enough information provided.

Upon receipt of a complaint, we will inform the complainant as soon as possible of the following:

- the complaints process;
- expected timeframes for our actions;
- progress of the complaint and reasons for any delay;
- their likely involvement in the process; and
- the possible or likely outcome of their complaint.

We will ensure that the person handling a complaint is different from any person whose conduct or service is being complained about. Where a complaint is made about management, we encourage complainants to feel comfortable in raising it with management who will engage external resources to manage the complaint in accordance with our complaints management process. If, however, a worker or complainant does not feel comfortable in doing so, contact the Australian Physiotherapy Association for further advice (of whom Move & Grow Physiotherapy is a member) or, where a complaint is from or on behalf of a participant of the NDIS, contact the NDIS Commission.

Should be we unable to deal with any part of the complaint, we will advise the complainant as soon as possible and provide advice about where such issues and/or complaints may be directed (if known and appropriate).

PRIVACY NOTICE

We will use the information collected on this form to resolve your complaint and access will only be provided to authorised representatives of Move & Grow Physiotherapy as required to adequately investigate your complaint.

Personal Details (optional)

Family Name		Given Name	
Residential Address			
Mailing Address (if different to above)			
Contact Number			
Email			
Preferred Contact Method	Phone	Email	Letter

Complaint details

Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:
Have you lodged your complaint to any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to whom:

Complaint summary	
When it happened	
Where it happened	
Who was involved	
What happened (if insufficient room, attach a separate document and refer to it here)	
What action do you consider needs to be taken to satisfactorily resolve this complaint?	

MOVE & GROW PHYSIOTHERAPY USE			
Date Complaint Received		Complaint Received By	
Action Assigned To		Logged in Feedback & Complaints Register	
Acknowledgement of Complaint Received Issued (if complaint not anonymous)		Complaint Resolved	