ANNEX J: Detention Services Monthly Reporting of Healthcare Complaints

Immigration Enforcement

Quarterly report showing details of healthcare complaints for *[ADD MONTH FOR WHICH THE RETURN COVERS]*

ANNEX J - Healthcare Provider Template							COMPLAINT TYPE							OUTCOME			
QUARTER	PERIOD COVERED	YEAR	IRC DROP DOWN	HEALTHCARE PROVIDER DROP DOWN	DATE RECEIVED BY HEALTHCARE PROVIDER	RESIDENT CEPR REF#	MEDICAL - ISSUES WITH TREATMENT	MEDICAL - ISSUES WITH MEDICATIONS	DENTAL	STAFF CONDUCT/ BEHAVIOUR	AVAILABILITY OF MEDICAL SERVICE	DATE CLOSED BY HEALTHCARE PROVIDER	TIME TAKEN WORKING DAYS AUTO CALC	UNSUBSTANTIATED	PART SUBSTANTIATED	SUBSTANTIATED	WITHDRAWN
						TOTALS	0	0	0	0	0			0	0	0	0
							MEDICAL - ISSUES WITH TREATMENT	MEDICAL - ISSUES WITH MEDICATIONS	DENTAL	STAFF CONDUCT/ BEHAVIOUR	AVAILABILITY OF MEDICAL SERVICE			UNSUBSTANTIATED	PART SUBSTANTIATED	SUBSTANTIATED	WITHDRAWN

Due by 10th Working Day of each month following reviewed month (Para 36 of DSO): *[ADD 'DATE DUE' BY]*

Return provided: *[ADD DATE RETURNED]* *By: [ADD NAME OF PERSON PROVIDING THE RETURN*

Please send returns to: 1) Detention Service Complaints Team
2) DS Healthcare and Safer Detention Lead; and
2) Respective Compliance and/or Risk & Assurance Teams within the IRCs