

**Please fill out form and email back to**  
capitalrehabilitationsupplies@gmail.com

<input type="checkbox"/> I would like to remain anonymous	
Full Name	
Contact Number	
Email	
I would like to report	<input type="checkbox"/> An Incident <input type="checkbox"/> A Complaint
Details of the incident or complaint	
What outcome would you like to see?	

*If you have provided us with your name and contact details, we may contact you to follow up on the issue and resolution.*

## Information Management Policy

CAPITAL REHABILITATION SUPPLIES is committed to protecting the personal and health information that is collected, held, managed, used, disclosed or transferred.

All information obtained will be used only for the following purposes:

- To plan, fund, implement, monitor, regulate and evaluate our services and functions
- To fulfill statutory and other legal obligations
- To comply with reporting requirements
- To investigate incidents and/or complaints made

This will be communicated to the participant (or advocate) ensuring that verbal or written (where needed) consent is obtained first.

CAPITAL REHABILITATION SUPPLIES will also take reasonable steps to ensure that participants (or advocate) are aware of:

- The identity of the CAPITAL REHABILITATION SUPPLIES personnel
- The purposes of the information being collected
- How this information will be used and disclosed
- Be made available for all participants should they wish to see it

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This policy is applicable to all personnel in CAPITAL REHABILITATION SUPPLIES, including any workers working on behalf of the company. The policy will be reviewed on an annual basis to ensure that it remains relevant and suitable for business operations.

This policy has been approved by Director Daniel Robinson as of Date.13/8/2020