

COMPLAINTS & FEEDBACK

Type of feedback (please tick) Compliment Complaint Suggestion

Name: *(optional)*

Incident Date:

Do you require an interpreter?

If 'YES' what language or service do you require?

Are you a? (please tick) Client Carer/ Family Member Volunteer
 Member of the Public Other

Can we contact you to help better understand your feedback?

How would you like to be contacted regarding the outcome of your feedback?

(please tick and provide your details where applicable)

Email **Email Address:**

Phone Call **Phone Number:**

Posted Letter **Postal Address:**

Town/ City:

Postcode:

Please tick this box if you *do not* want us to contact you regarding this matter

Which program or service is your feedback about?

Please provide details below on your Compliment, Complaint or Suggestions

What outcome would you like to see?

- | | |
|--|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Change to policy or procedure |
| <input type="checkbox"/> Information to be provided | <input type="checkbox"/> View Acknowledge |
| <input type="checkbox"/> Change to service provided | <input type="checkbox"/> Renegotiation of fee |

If you would like, please list (or attach) any supporting information relevant to your feedback

THANK YOU FOR YOUR FEEDBACK!

What happens next?

- Acknowledge receipt of your submitted feedback within 5 business days (via the contact details provided)
- Investigate and provide a response to you within 25 business days
- Use your feedback to improve our programs and/or services