

Feedback Form

Our organisation is committed to providing high quality care and services to meet your needs. We value your feedback - including complaints. Please let us know what we do well and where we can improve our services. If you have any immediate concerns, please talk to a staff member so the matter can be resolved. Service Name _ Date: Compliment Suggestion Complaint Please indicate who is providing the feedback: Consumer Relative Consumer Representative Volunteer Staff Member Other: Depending on the nature of your feedback, if you choose to remain anonymous, we may be unable to respond appropriately/fully. Name: Postal Address: Mobile Number: Telephone Number: **Email Address:** Do you require an interpreter No Yes, which language? I would like to discuss feedback with the Service Manager I would like to discuss feedback with Executive Manager Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved. What action have you already taken in relation to this feedback? Have you discussed your concerns with the person? Yes No If **yes**, with whom and what was the outcome? What outcomes would you like as a result of providing your feedback?



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How to return your feedback?

Provide to any staff member, Manager or representative at the Service or mail to

Executive Manager of Residential Care - Paul Shields, 49 Hay St (PO Box 1736) Port Macquarie NSW 2444

Privacy

The organisation is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

We will only use your information in accordance with relevant privacy and other laws. For us to provide services to you effectively and efficiently, we may need to share your personal information with others that deals with the matters identified in your feedback.

Please forward to Quality and Compliance Team

