

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: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile 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?**