

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?**

**How to return your feedback?**

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

or mail to

Acting Executive Manager Community Services – Tracy Baker, (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.

**OFFICE USE ONLY**

Date complaint Received:   Verbal Complaint  Written Complaint

Name of Team Leader/Manager dealing with the complaint:

<b>ACTION OF TEAM LEADER OR MANAGER:</b>	<b>Date:</b>	<input type="text"/>

**MANAGER USE ONLY**

<b>FINAL OUTCOME:</b>	<b>Date:</b>	<input type="text"/>

<b>HOW THE PERSON WAS KEPT INVOLVED THROUGHOUT THE PROCESS:</b>

Entered to Complaints Register  Yes  No  
 Opportunity for improvement?  Yes  No - Quality Team to add to Continuous improvement Plan

Manager Name:  Manager Signature:

**Please forward to Quality and Compliance Team**