

Name of person providing feedback:

Person completing this form *(please select as appropriate)*

Customer Carer/Family Member Staff Member Advocate

Name of person completing form:

What is the nature of the Feedback? *(please select as appropriate)*

- Compliment
 Comment
 Formal Complaint *

**Feedback will be provided for a formal complaint. Please ensure that all times, dates, people involved, and issues are documented in order for a complete resolution is achieved following a thorough investigation.*

How would you like to be informed about action that has been taken?

- No response required
 Meeting
 Phone Call
 Letter / Email

For the purposes of responding to your Feedback/Complaint, please provide relevant contact details:

Phone number: _____

Email address: _____

Postal address: _____

FEEDBACK FORM

Please list your feedback below. *If additional space is required, please attach further pages*

Please email or post this form to:

Postal Address:
ABLECARE Staffing,
32 Michel st
Shepparton Vic. 3630

Email address:
janene@ablecarestaff.com

Office Use Only

Feedback area: *(please select as appropriate)*

- Administration
- Community Options and Living
- Out of Home Care
- Financial issues & queries
- Customer Service / Intake

Acknowledgement set via:

- Meeting
- Phone contact
- Letter
- Email

Date of acknowledgement: _____

Person/Department Referred to (for investigation):

Actions completed for complaint:

If applicable, external departments/persons complaint raised with:

- DHHS
- DSS
- DSC
- ACQSC
- Other:

DHHS: Department of Health and Human Services

DSS: Department of Social Services

DSC: Disability Services Commissioner

ACQSC: Aged Care Quality and Safety Commission

Closing Date for Complaint: _____