

Feedback, Compliment or Complaint Form

I wish to remain anonymous

Yes No

Do you need support in completion of this form

Yes No

How can we support you?

First Name:

Last Name:

I am a:

- Member
- Parent/guardian/carer
- Other family member (e.g. sibling, spouse, child, grandparent)

- Advocate
- Friend/neighbour
- Community member
- Staff members of the service
- Other service provider/staff member
- MP
- External agency, e.g. NSW Ombudsman
- Other (please specify)

Member Information

If you are commenting on behalf of an existing member please provide the following information:

Is the member aware of the comment, enquiry, complaint or feedback? Yes No

Has the member given permission for you to provide this information? Yes No

Is the family, person responsible, guardian or advocate, aware of the comment, enquiry, complaint or feedback? Yes No

Member's first name:

Member's last name:

How would you prefer us to respond to you?

Email Letter Phone In person

Preferred Email Address:

Preferred Telephone number:

Postal Address:

What is the nature of the feedback?

- Comment
- Complaint
- Compliment

What is it about?

- Service delivery/quality/standards
- Service Access
- Staff performance
- Studio ARTES' Policy and procedures
- Communication/relationships
- Other

Please provide information below:

For all complaints, please provide details on what outcome is sought:

- Acknowledgement of complainant's views or issues
- Explanation of or information about services provided
- Change of support worker
- An apology
- Change or improvement in the quality of service provided
- Support in access to a different type of service
- Review of policy or procedures
- Feedback or training for workers
- Review of client's plan
- Other

Who would you like to help you with your complaint? (Please include the staff member's name here)

Your signature:

Date:

Studio ARTES Follow Up (Studio ARTES staff only)

Date comment, complaint or compliment received and input into register:

Date acknowledged:

Complaints only:

Name of staff member requested to assist with the complaint:

What actions resulted from the complaint?

Has the complainant been notified of the outcome? Yes No

Has the outcome sought by the complainant been achieved? Yes No

Date of notification

Is the complainant satisfied with the outcome? Yes No

If no, why not

Was the complainant informed of their right to seek an internal or external review of the decision/action taken by Studio ARTES? Yes No

Date:

Follow up Action:

What service improvement(s) could be/were made as a result of the complaint/feedback?

Date complaint closed on register:

Date Board informed:

Signed Off

Name

Position

Signed off by Board Member

Name