

Connecting You to Life
www.lifeconnectdisability.com.au
 Ph: 0448 634 817, (03) 43090212
 PO Box 1981, Bakery Hill, Vic. 3354
 E: tony@lifeconnectdisability.com.au

Compliment, complaint form & feedback form

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services. We will use any information you give us to make sure our service is working well and any barriers to service are improved and put into a plan to get better at how we deliver service.

Indicate your response below with an X.

| | | | | | | |
|-------------------|------------|--------------------------|-----------|--------------------------|----------|--------------------------|
| This is a: | compliment | <input type="checkbox"/> | complaint | <input type="checkbox"/> | feedback | <input type="checkbox"/> |
|-------------------|------------|--------------------------|-----------|--------------------------|----------|--------------------------|

Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

| | | | |
|-----|--------------------------|----|--------------------------|
| yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Personal details

| | |
|-------------------|----------------------|
| First Name: | <input type="text"/> |
| Last Name: | <input type="text"/> |
| Postal address: | <input type="text"/> |
| NDIS Number: | <input type="text"/> |
| Telephone number: | <input type="text"/> |
| Mobile number: | <input type="text"/> |
| Email address: | <input type="text"/> |

Connecting You to Life
www.lifeconnectdisability.com.au
 Ph: 0448 634 817, (03) 43090212
 PO Box 1981, Bakery Hill, Vic. 3354
 E: tony@lifeconnectdisability.com.au

Do you require an interpreter?

| | | | | | |
|-----|--|----|--|---------------------------------|--|
| yes | | no | | If yes , which language? | |
|-----|--|----|--|---------------------------------|--|

Are you providing feedback on another person's behalf? (Indicate your response with an X)

| | | | |
|-------------------------------|--|-----|--|
| no (<i>go to Section 4</i>) | | yes | |
|-------------------------------|--|-----|--|

Section 2: Feedback made on another person's behalf

Please provide the following details about the person on whose behalf you are acting:

| | |
|-------------------|--|
| First Name: | |
| Last Name: | |
| Postal address: | |
| Telephone number: | |
| Mobile number: | |
| Email address: | |

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for the person who received the service?

(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

| | | | |
|-----|--|----|--|
| yes | | no | |
|-----|--|----|--|

If **yes**, please provide details:

| |
|--|
| |
|--|

Connecting You to Life
www.lifeconnectdisability.com.au
 Ph: 0448 634 817, (03) 43090212
 PO Box 1981, Bakery Hill, Vic. 3354
 E: tony@lifeconnectdisability.com.au

Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

| | | | |
|-----|--|----|--|
| yes | | no | |
|-----|--|----|--|

If **no**, please provide the reason why:

Are we able to speak with the person who received the service? (Indicate your response with an X)

| | | | |
|-----|--|----|--|
| yes | | no | |
|-----|--|----|--|

If **no**, please provide the reason why:

Connecting You to Life
www.lifeconnectdisability.com.au
 Ph: 0448 634 817, (03) 43090212
 PO Box 1981, Bakery Hill, Vic. 3354
 E: tony@lifeconnectdisability.com.au

Section 3: Other person's consent for feedback made on their behalf

If you are providing this feedback on another person's behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I, the person named below give permission to my supporter or other person to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

| | | | | | |
|------------|--|-------|--|-------|--|
| Signature: | | Name: | | Date: | |
|------------|--|-------|--|-------|--|

Section 4: Please provide details of the service that the feedback concerns

| | |
|--|--|
| Name of the service provider: | |
| Address of office location of service: | |
| Contact person's name and position in the service: | |

Connecting You to Life
www.lifeconnectdisability.com.au
 Ph: 0448 634 817, (03) 43090212
 PO Box 1981, Bakery Hill, Vic. 3354
 E: tony@lifeconnectdisability.com.au

Section 5: Please state your concerns

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

Section 6: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns? (Indicate your response with an X)

| | | | |
|-----|--|----|--|
| yes | | no | |
|-----|--|----|--|

If **yes**, with whom and what was the outcome?

Connecting You to Life
www.lifeconnectdisability.com.au
 Ph: 0448 634 817, (03) 43090212
 PO Box 1981, Bakery Hill, Vic. 3354
 E: tony@lifeconnectdisability.com.au

Section 7: What outcomes would you like as a result of providing your feedback?

Section 8: Privacy

The *Life Connect Disability Services* 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.

The *Life Connect Disability Services* will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others who deal with the matters identified in your feedback.

If you choose to remain anonymous, *Life Connect Disability Services* may be unable to deliver the full range of services you require.

If you wish to contact *Life Connect Disability Services* who are responsible for managing the personal information that you provide on this form, please call **0448 634 817**.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact Tony Herbert, manager at *Life Connect Disability Services* on **0448 634 817**.

Section 9: More Information About Your Rights

If you would like more information on how *Life Connect Disability Services* will respond to your complaint you can view a copy of our Complaints and Compliments Policy on our web site at <http://www.lifeconnectdisability.com.au>. You can also view resources to agencies such as the Victorian Disability Services Commissioner who can investigate a complaint on your behalf or give you more information. If you have difficulty accessing this policy or understand its contents you can contact Tony Herbert, manager at *Life Connect Disability Services* on 0448 634 817 or tony@lifeconnectdisability.com.au. Information will be supplied to you in a different and more understandable format to suit your needs.

If you would like more information on resources and options available to you to lodge a complaint or a compliment outside the services of *Life Connect Disability Services* you can contact organisations listed in our links page for additional support also on our web site. If you have difficulty accessing the

Connecting You to Life
www.lifeconnectdisability.com.au
Ph: 0448 634 817, (03) 43090212
PO Box 1981, Bakery Hill, Vic. 3354
E: tony@lifeconnectdisability.com.au

web page or understanding its contents you can contact Tony Herbert, manager at *Life Connect Disability Services* on 0448 634 817 or tony@lifeconnectdisability.com.au. Information will be supplied to you in a different and more understandable format to suit your needs.

Section 10 : Declaration

Paragraph declaring information provided is true and correct.

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

Thank you for taking the time to provide feedback about our service.