

Feedback & Complaints Form



Support for Neurodiverse Humans

We'd love to hear your thoughts—let us know what we're doing well, where we can improve, or how we can support you better.

You can send this form to us by:

Email: erin@diverserecovery.com.au

Mail: 1/32 Prospect Road, Prospect SA, 5082

Section 1: Compliment, Complaint or Feedback.

This is a:

☐ Compliment

☐ Complaint

☐ Feedback

Would you like to be contacted about this?

☐ Yes, I can provide my contact details.

☐ No, I wish to remain anonymous.

Contact Details:

| | |
|-----------------|--|
| Full Name: | |
| Postal Address: | |
| Phone Number: | |
| Email: | |

Do you require and interpreter?

☐ Yes

☐ No

| | |
|-------------------------|--|
| If YES, which language? | |
|-------------------------|--|

Are you providing feedback on another person's behalf?

☐ Yes (go to section 2)

☐ No (go to section 4)

Section 2: Another person's behalf

Details of the person who you are acting on their behalf:

| | |
|-----------------|--|
| Full Name: | |
| Postal Address: | |
| Phone Number: | |
| Email: | |

What is your relationship to her person?

- | | |
|--|--|
| <input type="checkbox"/> Plan Nominee | <input type="checkbox"/> Family or friend |
| <input type="checkbox"/> Parent/Child Representative or Legal Guardian | <input type="checkbox"/> Service Provider (e.g NDIS provider, community services ect...) |

Your details:

| | |
|-----------------|--|
| Full Name: | |
| Postal Address: | |
| Phone Number: | |
| Email | |

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, _____ give permission to

_____ to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

| | | | |
|--------------------------|--|-------|--|
| Participant's Signature: | | Date: | |
|--------------------------|--|-------|--|

Section 4: Details & Outcomes

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

Have you discussed your concern with Diverse Recovery staff?

☐ Yes

☐ No

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

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

Section 7: Privacy

At Diverse Recovery, we are committed to safeguarding your privacy. The personal information you provide through this feedback form is collected and used solely for the purpose of reviewing and responding to your feedback.

We handle your information in accordance with applicable privacy laws and regulations. To ensure we can deliver services effectively and efficiently, we may need to share your information with relevant parties, such as the NDIS or other services involved in addressing the issues raised in your feedback.

If you choose to remain anonymous, please note that this may limit our ability to provide you with the full range of support and services.

If you have any questions or wish to discuss how your personal information is managed, you can contact our Director, Erin Johnston, at 0468 411 073.

Under the *Freedom of Information Act 1982*, you also have the right to access your personal information and request corrections if needed.

By Signing this you are declaring that your feedback is true and correct.

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

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