**Complaints / Feedback Form**

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| **Fill in the details of the person who is making the complaint/ providing feedback.** | |
| **Name of Person** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **My preferred contact method is** |  |

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| **If you are making the complaint/feedback on behalf of another person provide the following details.** | |
| **Your Name:** |  |
| **What is your relationship to the person?** |  |
| **Does the person know you are making this complaint/providing feedback?** |  |
| **Does the person consent to the complaint/feedback being made?** |  |

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| **Who is the person, or the service about whom you are complaining or providing feedback about?** | |
| **Name/** | **Macedon Ranges Speech Pathology** |
| **Contact Details (if known)** |  |
| **What is your Complaint/Feedback about?**  **Provide some details to help us understand your concerns. You should include what happened, where it happened, time it happened and who was involved.** | |
| **Male toilet in clinic was not clean and there was urine on the floor** | |
| **Supporting Information**  **Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).** | |

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| **What outcomes are you seeking as a result of the complaint/feedback?** |
| **Clean toilet facilities for when my son uses them** |

**OFFICE USE ONLY**

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| **Complaint received by** | **Nicole Bond** |
| **Date received** | **23rd March 2020** |
| **Action taken or required** | **Complaint taken to Clinic Management Team to discuss cleaning of the clinic in general and specifically the amenities.**  **Management discussed with Cleaning Contractor and Cleaning increased to weekly.**  **Staff also encouraged to check toilets daily for cleaning recommendations following clients use.** |
| **Date action completed** |  |
| **Signature** |  |