BLUE WREN PATHWAYS
YOUR SUPPORT COORDINATOR

# Complaints, Compliments and Feedback Form

## Blue Wren Pathways service is committed to providing high quality support services with meeting your individual needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.
Indicate your response below with an X.

| This is a: | compliment | | complaint | | feedback | |
|---|---|---|---|---|---|---|

## Section 1: Your details

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

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

Personal details

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

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 *(go to Section 4)* | | 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: | |
| 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:

| |
|---|
| |

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:

| |
|---|
| |

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

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

## Section 5: Please state your concerns/compliment/Feedback

Please provide details of your main concerns, including what events led to making the complaint, compliments 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?

| |
|---|
| |

## Section 7: What results do you hope to achieve by sharing your feedback?

| |
|---|
| |

## Section 8: Privacy

Blue Wren Pathways 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.

Blue Wren Pathways will only use your information in accordance with relevant privacy and other laws. For us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as (NDIA) that deals with the matters identified in your feedback.

If you choose to remain anonymous, Blue Wren Pathways may be unable to deliver the full range of services you require.

If you wish to contact Blue Wren Pathways who are responsible for managing the personal information that you provide on this form, please call 0435 069 736.

## Section 9: Declaration

Paragraph declaring information provided is true and correct.

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

**Thank you for taking the time to provide feedback about our service here at Blue Wren Pathways, please email this form back to: bluewrenpaths@gmail.com.**

| THE FOLLOWING AREAS FOR BWP USE ONLY | |
|---|---|
| MANAGEMENT ACTION PLAN (INCLUDE FEEDBACK TO RELEVANT PARTIES) | |
| | |
| | |
| | |
| RESULTS OF EVALUATION | |
| | |
| | |
| SIGNITURE - CLOSED OUT BY | DATE: |