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.

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: |  |
| Telephone number: |  |
| 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: 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 3: 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.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

# Section 4: Privacy

Premium Care Services (PCS) 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.

PCS 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, such as the Operations Director that deals with the matters identified in your feedback.

If you choose to remain anonymous, PCS may be unable to deliver the full range of services you require or you may contact: -

**Office of the Human Services Registrar**

Quality Complaints and Regulation

ACT Government Level 8,11 Moore Street, ACT 2601

Phone: 02 6207 5474; Email: Quality@act.gov.au

**Section 2: Declaration**

Paragraph declaring information provided is true and correct.

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

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

**OFFICE USE**

|  |  |
| --- | --- |
| Date Received | Action taken |
| Date acknowledged (if contact details provided) |
| Referred to Council for: Noting Action |  |