



Feedback and complaints form

We welcome your feedback!

Any kind of feedback is extremely valuable in helping us deliver the best possible service so thank you for taking the time to fill out this form.

You can be assured that your feedback will be handled respectfully, confidentially and promptly.

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	<input type="checkbox"/>	complaint	<input type="checkbox"/>	feedback	<input type="checkbox"/>
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1: Your details

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

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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Personal details

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

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

no (<i>go to Section 4</i>)	<input type="checkbox"/>	yes	<input type="checkbox"/>
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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	
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If **yes**, please provide details:

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

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

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

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

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3: Consent

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, _____ (your name) give permission to _____ (the person receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:	
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4: Please add your feedback or complaint

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

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

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6: We're committed to protecting your privacy

Coastal Forensic Psychology 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.

Coastal Forensic Psychology will only use your information in accordance with relevant privacy and other laws.

7: Declaration

Paragraph declaring information provided is true and correct.

Signature:		Date:	
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This form can be sent via email, fax or post

Email: support@coastalforensicpsychology.com.au

Fax: (02) 4311 2334

Post: Suite 9 1-5 Baker Street, Gosford NSW 2250

Thank you for taking the time to provide feedback

The CFP Team