



FEEDBACK & COMPLAINTS FORM

Your feedback is valuable to us – please tell us about your experience with our support services. Your comments will help us to continually improve our service delivery to you and others using our services. Complaints will be taken seriously and we will strive to resolve any issues as promptly as possible.

What type of feedback are you providing				
<input type="checkbox"/> Compliment	<input type="checkbox"/> Comment	<input type="checkbox"/> Criticism	<input type="checkbox"/> Concern	<input type="checkbox"/> Complaint

I am a participant writing on behalf of myself – please complete section 1 & 3

I am writing on behalf of a participant – please complete section 1, 2 & 3

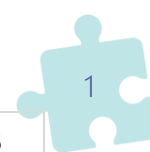
1. Participant Details			
Name:		NDIS Number:	

2. My Details				
Name:				
Relationship:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Nominee	<input type="checkbox"/> Decision Maker
	<input type="checkbox"/> Family Member	<input type="checkbox"/> Friend	<input type="checkbox"/> Provider	<input type="checkbox"/> Support Worker

3. Contact Details			
Preferred Method of Contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Text
Email:		Phone:	

Please tell us about your experience with our support services:

	Definitely	Yes	Not Sure	No	Never
I am being supported to achieve my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am given information and kept up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel empowered by YUSS Staff Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My privacy is being respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Members listen to me and my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Members respect my decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with YUSS support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend YUSS to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please share any feedback, compliments, comments, criticisms, concerns or complaints

Feedback Information

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Have you discussed your concerns/complaint with YUSS previously? Yes No

If Yes, who did you speak with and what was the outcome?

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

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Would you like to be contacted by a Manager to discuss this further? Yes No

Would you like to be updated on the progress of your feedback? Yes No

Privacy

YUSS is committed to protecting your privacy. We collect and handle personal information that you provide on this form for investigating and responding to your feedback, compliment, comment, criticism, concern or complaint. YUSS will only use your information in accordance with relevant privacy and other laws. For us to provide the best possible service, we may need to share your personal information with others, such as advocacy, health-related organisations or the NDIA to assist with any concerns identified.

If you wish to contact YUSS about the information that you provide on this form, please call 07 3063 7572, email feedback@yuss.au or post to 5/22 Magnolia Drive, Brookwater QLD 4300.

Declaration – I declare that the information I have provided is true and correct

Signature:		Date:	
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