

Feedback and Complaints Management Form



Dear Participant:

We appreciate your input to further assist us improving our service quality. Please use the **section 1** of this form to reflect any **feedback** in relation to your experience with our service.

Please complete **section 2** of the following form in the unfortunate event of any **complaint**. A formal investigation will commence once we receive the completed form. If you require assistance in the completion of this form, please contact us with provided details.

Participant name:

Phone:

Participant's family name:

Phone:

Section 1 - Feedback details to be completed by Participant/Participant's family

Report completed by:

Signature:

Date: DD / MM / YYYY

Section 2 - Complaint details to be completed by Participant/Participant's family

Date of incident: DD / MM / YYYY

Time: HH : MM

Date of report: DD / MM / YYYY

Location:

Witness name (if applicable):

Phone:

Address:

Worker encountered during the incident:

Description of Complaint:

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Report completed by:

Signature:

Date:

DD / MM / YYYY

Immediate Action to be completed by Provider

Immediate actions and measures taken by provider in response to the issue:

Immediate actions and measures were satisfactory?

☐ Yes ☐ No

Comments:

Investigation to be completed by Provider

Preliminary findings:

Identified root causes:

☐ Skills and competence

☐ Workplace Environment

☐ Policies & procedures

☐ Communication

☐ Risk assessment

☐ Others:

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Required Actions

Description of actions:

Responsible:

Position:

Phone:

Deadline:

DD / MM / YYYY

Status:

☐

Open

☐

More action required

☐

Closed effectively

Comments:

Outcomes:

☐

Run training/induction session

☐

Review/amend relevant process/documents

☐

Review/update risk register

☐

Create new procedure

☐

Others:

Notification

NDIS consultation required?

☐

Yes

☐

No

If yes; date of consultation:

DD / MM /
YYYY

Complaint resolved?

☐

Yes

☐

No

Results communicated with Participant?

☐

Yes

☐

No

Sign off

Investigation completed by:

Signature:

Date:

DD / MM / YYYY