



FEEDBACK FORM

Complaints and Compliments

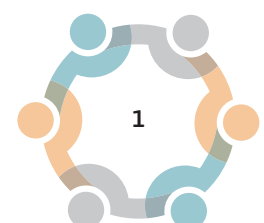
Carelink is committed to providing high-quality care and services and meeting your needs.

We value your feedback. Your complaints, compliments or comments are valuable information we can use to proactively improve our service.

This is a	<input type="checkbox"/> Comment	<input type="checkbox"/> Compliment	<input type="checkbox"/> Complaint (go to next page)
I am a	<input type="checkbox"/> Client	<input type="checkbox"/> Family member	<input type="checkbox"/> Support person
	<input type="checkbox"/> Carer	<input type="checkbox"/> Staff member	<input type="checkbox"/> External health service provider
	Other:		

Comment or compliment

Contact details	
Name	
Phone / Mobile	
Email	
<input type="checkbox"/> Tick here if you would like us to contact you about your feedback.	



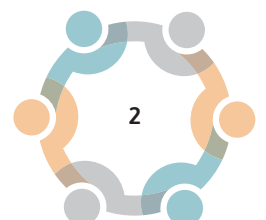
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Complaints and Compliments *continued*

How to lodge a complaint

A complaint should be lodged if you have been unable to resolve your issue or concern informally. You may be contacted and asked to provide additional information to support your complaint. If you are representing an individual receiving care, please provide your details and those of the individual receiving the care.

Personal details	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx
Family name	
Given name	
Other name (if not the individual lodging the complaint)	
Contact details	
Current residential address	
	Postcode:
Mailing address (if different to residential address)	
	Postcode:
Phone / Mobile	
Email	
Preferred contact method	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email
Complaint details	
Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when:
Have you lodged your complaint to any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, to whom:



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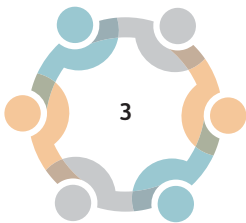
Complaints and Compliments *continued*

Complaint summary	
When did it happen?	
Where did it happen?	
Who was involved?	
What happened? (Details of your complaint. You can attach a page if you wish.)	
What would you like to happen to resolve your complaint?	
Please attach any documentation that supports your complaint.	

Acknowledgement

All the information provided above is true and correct to the best of my knowledge.

Signature Date:



FEEDBACK FORM

Complaints and Compliments *continued*

Privacy notice

As part of our internal investigation into your complaint, Carelink will talk to you and any other people who are named in the complaint. If we are going to gather information from other people, we will tell you who we are going to talk with. If we decide that an externally run investigation is necessary, we will talk to you about it and obtain your permission.

Your personal information and complaint-related information will only be accessed by Carelink staff. Your personal information will not be disclosed to any other organisation unless we are required to do so by law.

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

Please send the completed form to:

Email: info@carelink.melbourne

Mail: Carelink, Suite 520, Level 5, 100 Victoria Parade, East Melbourne VIC 3002

Office use only

Action officer

Position

Date

Complaint lodged

By phone

In person

In writing

Notes

