### **Feedback and Complaints Form**



Thank you for taking the time to provide this feedback, it is appreciated.

Your communication will be acknowledged, and a review undertaken in accordance with the provisions of our Quality Management System. You will be advised of the result.

Please note: Clients have the right to access information and can make a complaint themselves or have a family member speak on their behalf without any retribution.

Please indicate which of the following is most accurate									
	Compliment		ent	Complaint		:		Suggestion	
<u> </u>									
Person completing this form (please tick which box applies)									
	Participant			Family Member			Participant Representative		
	Staff Member		Name:			Position:			
	Other						Anonymous		
Name and Contact Details									
Date L	odged:								
Full Na	ime:								
Addres	s:					<u> </u>			
City:	City:			Postcode					
Phone:									
Email:									
Preferred Contact Method									
	Email			Phone	Mail				
Do you require one of the following									
				Advocate			Interpr	eter	

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Which Service does this apply to?								
	Impact Program			Getaways			Camps	
	Respite			Support Coordination			Plan Management	
	Other							
Location of Feedback or Complaint:								
Time o	Time of Feedback or Complaint:							
Would	l you like us to pr	ovid	e fol	low-up with you on you	ur Feedb	oacl	k or Complaint?	
				Yes			No	
Feedb	ack or Complain	t Deta	ails					



# **Feedback and Complaints Form**

Have you	u discussed this with a staff member?
	No, what is the reason why?
	Yes, what is the staff members' name?
	Tes, mat is the stan members hame.
Diagon	would any additional information remains the outcome of the conversation
Please p	rovide any additional information regarding the outcome of the conversation.
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Please p	rovide any additional information regarding the outcome of the conversation.
Please s	tate your preferred outcome – how do you feel your Feedback or Complaint
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Please s	tate your preferred outcome – how do you feel your Feedback or Complaint
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#### Feedback and Complaints can be submitted in the following ways:

<u>Website</u>: <u>www.tag5.com.au</u> (Download Feedback & Complaints Form) <u>In person:</u> – Coordinator/Team Leader/Human Resources Officer,

Head Office: Hypercentre Level 1, Suite 9

50-56 Sanders Street

Upper Mount Gravatt QLD 4122

Phone: Head Office (07) 3036 2852
Email: enquiries@tag5.com.au
Hypercentre Level 1, Suite 9
50-56 Sanders Street

Upper Mount Gravatt QLD 4122

(If complaint is unresolved by TAG 5, contact can be made to the following)

NDIS Quality & Safeguards Commission – Phone 1800 035 544 or TTY on 133677 Complete on-line Complaint form (NDIS Commission website) Use National Relay Service and ask for 1800 035 544)

Interpreter can be arranged

#### **INTERNAL USE ONLY:**

Received By		Date Received			Allocated To:				
Action Taken or Required									
Date Action Completed		Signature							
Feedback for closure (complainant)									
	Verbal		Letter			Meeting			
	Email		Other						
Has this feedback been added to the Compliments/Complaints Register?									
		Yes			No				