

# Compliments & Complaints Form

Explore and Soar is committed to providing high quality care, services and meeting the child and family's needs.

We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

#### This is a: (please tick)

Compliment	
Complaint	
General Feedback	

## **Section 1: Your Details**

Do you want to remain anonymous? (Y/N): \_\_\_\_\_

#### **Personal details**

First Name:	
Last Name:	
Postal Address:	
Phone Number:	
Email Address	

Do you require an interpreter?(Y/N): \_\_\_\_\_\_

If yes, which language?

Are you providing feedback on another person's behalf? (Y/N): \_\_\_\_\_\_



# Section 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:	
Phone 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?	Yes	/	No
(e.g. parent of a child under 18 years or guardian)			

If yes, please provide details:

pes the person know you are providing feedback on their behalf?	Yes	/	No
<b>no</b> , please provide the reason why:			

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



# Section 3: Other person's consent for feedback made on their behalf

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, \_\_\_\_\_\_ give permission to \_\_\_\_\_\_ to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:	Date:	

## Section 4: Please provide details of the service that the feedback concerns

Name of the service provider:	
Address of service provider:	
Contact person's name and position in the service:	

#### Section 5: Please state your concerns

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



# Section 6: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns? Yes / No

If yes, with whom and what was the outcome?

## Section 7: What outcomes would you like as a result of providing your feedback?

#### **Section 8: Privacy**

*Explore and Soar* 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.

*Explore and Soar* will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as, other team members that deals with the matters identified in your feedback.

If you choose to remain anonymous, *Explore and Soar* may be unable to deliver the full range of services you require.

If you wish to contact *Explore and Soar's* Director Jessica Rodgers, who is responsible for managing the personal information that you provide on this form, please call 0477 708 217.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*.

#### **Section 9: Declaration**

I hereby declare that the information provided in this form is true and correct to the best of my knowledge.

Signature: Date:
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Thank you for taking the time to provide feedback about our service. Please either email this to <u>admin@exploreandsoar.com.au</u> or mail it to 79-99 Barton St, Kurri Kurri NSW 2327