



CAH Complaints and Feedback Form

An effective feedback, compliment and complaint handling system addresses the principles of visibility and accessibility, responsiveness, assessment and investigation, feedback, improvement focussed and service excellence. The complaint and feedback form template is a tool to facilitate feedback being heard clearly and effectively managed by recording key information at the time of first contact.

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints. Please let us know what we do well and where we can improve our services.

Indicate your response below with an X.

- Complaint
- Compliment
- Feedback

Section 1: Your details

Do you want to remain anonymous?

- Yes
- No

Please note that complaints made anonymously will be accepted and investigated as far as possible.

I am a:

- Participant
- Participant representative
- Family Member
- Staff Member
- Staff Member on behalf of a participant
- Other

If **other**, please provide details:

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Personal details

First Name:	
Last Name:	





Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Do you or the participant/representative require an interpreter?

Yes

No

If **yes**, which language?

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Do you or the participant/representative require access to an advocate including an independent advocate?

Yes

No

Is this complaint being made by a third party?

Yes

No (go to section 4)

Is the participant / representative aware of this complaint being made?

Yes

No

Are you providing feedback on another person's behalf?

Yes

No (go to section 4)

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:	
Telephone number:	
Mobile 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?
(e.g., parent of a child under 18 years or guardian)

Yes

No

If **yes**, please provide details:

Does the person know you are making a complaint on their behalf?

Yes

No

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

Are we able to speak with the person who received the service?

Yes

No

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, (insert name of person giving consent:) give permission to (insert name of person receiving consent:) to





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

Signature:

Date:

Section 4: 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 5: What outcomes would you like as a result of providing your feedback, compliment or complaint?

Section 6: Would you like support to make a complaint to the NDIS Commission?

Yes

No

If **yes**, please advise your preferred method and mode of communication:

Section 7: Declaration

Paragraph declaring information provided is true and correct.





Connect Allied Health

• SPEECH PATHOLOGY • OCCUPATIONAL THERAPY • PHYSIOTHERAPY
• DEVELOPMENTAL EDUCATION • POSITIVE BEHAVIOUR SUPPORT
• PODIATRY

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

