

Feedback Complaints and Suggestions Form



Supports for Living
independence in your home and community

For the purpose of this document, the term "complainant" refers to:

- A Supports for Living Participant, their parent(s), advocate(s), carer(s) or significant other(s);
- Members of the Community;
- Other services or organisations;
- Other interested parties

1. Details:

Is this a:	<input type="checkbox"/> Complaint (formal) <input type="checkbox"/> Suggestion <input type="checkbox"/> General Feedback		
Complainant's Name: (optional)			
I am:	<i>(please place an x in applicable box)</i>		
	<input type="checkbox"/> A Support Coordination Service Participant <input type="checkbox"/> Nominee/Carer/Guardian <input type="checkbox"/> An Advocate <input type="checkbox"/> Member of the Public <input type="checkbox"/> Other (please specify)		
Address:			
Telephone Number:		Email Address:	
Mobile Number:		Fax Number:	
Is this form being completed by:	<i>(please place an x in applicable box)</i>		
	<input type="checkbox"/> Complainant (Go to Section 2) <input type="checkbox"/> Parent/Guardian (Go to Section 3) <input type="checkbox"/> An Advocate (Go to Section 3) <input type="checkbox"/> Other (please specify) (Go to Section 3) <hr style="width: 20%; margin-left: auto; margin-right: 0;"/>		

2. Complainant to Answer:

Have you read the Supports for Living Complaints Procedure? <i>If no please take the opportunity to read before proceeding with the complaint.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of your right to have parent(s)/advocate or support person involved in the complaint process? <i>If no please note that you have the right to have parent(s), advocate or support person involved.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Please complete this section if you want to involve a Nominee, advocate or support person in the complaint resolution process:

Name of support person:	
Contact Number:	
Would you like assistance from an advocate group?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify name of group if known.

4. Please provide details of your Feedback or complaint here:

My complaint/concern is:

Date of Incident:		Time of Incident:	
Location of Incident:			
Is there supporting documents that can be provided for this complaint/concern?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
What would you like to see as the outcome of this complaint/concern?			

5. Acknowledgement:

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

Print Name	Signature	Date