

Compliments, Complaints & Feedback Form

Menzies Support Services is committed to providing the best possible service to people, their family and friends. We value your feedback so we can improve the services we provide. Please let us know what we do well and where we can improve our services.

Employees* please note: If your complaint relates to a workplace relations matter please use the form Staff Complaint Grievance Problem Record.

Office use:	<input type="checkbox"/> Entered Mss Complaints, Compliments and Feedback Register
--------------------	--

Date feedback provided:	/ /
-------------------------	-----

Let us know your response below:	<input type="checkbox"/> Complaint <input type="checkbox"/> Compliment <input type="checkbox"/> Feedback
----------------------------------	--

PERSONAL DETAILS (person providing feedback)

Do you wish to remain anonymous:	<input type="checkbox"/> Yes <input type="checkbox"/> No (complete name and contact details)
----------------------------------	--

Name:		Phone:	
-------	--	--------	--

Address:	
----------	--

Email:	
--------	--

I am a: Client Contractor Volunteer Member of the community Employee*

Other (please specify):

Please share any feedback or concerns. Include what led to making the complaint, compliment or feedback, the approximate dates and who was involved?

(please specify if you are completing the form on behalf of another person)

Have you had the chance to discuss your concerns with Menzies Support Services or another agency or person for assistance with these concerns?

Yes / No

If Yes please tell us with whom and what was the outcome?

What outcomes would you like as a result of providing your feedback?

--

FORM CONTINUES OVERLEAF

Compliments, Complaints & Feedback Form

Privacy	
<p>Menzies Support Services is committed to protecting your privacy. We collect and handle personal information that you provide on this form for investigating and responding to your complaint, compliment or feedback.</p> <p>Menzies Support Services will only use your information in accordance with relevant privacy and other laws. For us to provide the best possible service, we may need to share your personal information with others, such as NDIS, DHHS, etc. that deals with the concerns identified in your feedback.</p> <p>Please be advised that compliments may be used and published by Menzies Support Services to promote Menzies Support Services and encourage help seeking behaviour. No personal or identifying information will be used. If you do not want your compliment to be published, please let us know.</p> <p>If you choose to remain anonymous Menzies Support Services may be unable to respond to your complaint, compliment or feedback.</p> <p>If you wish to contact Menzies Support Services who are responsible for managing the personal information that you provide on this form, please contact reception@menziessupport.org.au or phone 03 5772 1888.</p> <p>You also have the right to access your information and seek its correction under the <i>Freedom of Information Act 1982</i>. For information about making a Freedom of Information application contact Freedom of Information Unit on 03 9096 8449 or 1300 650 172.</p>	
Declaration: I declare the information I have provided is true and correct	
Signature: (or anonymous)	Date:
<p>Thank you for taking the time to provide feedback about our service.</p> <p>Please submit this form to the office or the supervisor on site.</p> <p>If you are not happy with our response to your feedback you can talk to someone else about it:</p> <ul style="list-style-type: none"> Disability Services Commissioner Phone: 1800 677 342 www.odsc.vic.gov.au/ <p>If you are making a complaint about an NDIS funded service, contact:</p> <ul style="list-style-type: none"> NDIS Quality and Safeguards Commission on 1800 035 544 www.ndiscommission.gov.au 	

OFFICE USE ONLY: REVIEW OF COMPLAINT	
Person reviewing complaint:	
Has the complaint been resolved? Yes / No	
Comments:	
Is there any further action required? Yes / No	
Give details:	
Has the complainant been informed of the outcome? Yes / No	
Has the complaint been closed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date closed: / /20	
Any additional comments:	
Attach report if applicable.	
Office use:	
Form submitted to:	Role:
Entered on register on: / /	by (initials):