



Compliment and Complaint 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 compliment and complaint form template is a tool to facilitate feedback being heard clearly and effectively managed by recording key information at the time of first contact.

A listing of support available from the Department of Health and Human Services, the Department of Education and Training and other organisations in the form of training, advice and resources for receiving and managing compliments and complaints is provided.

Wallarrah Bay Medical Centre Medical Centre

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.

This is a:	compliment	<input type="checkbox"/>	complaint	<input type="checkbox"/>	feedback	<input type="checkbox"/>
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Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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Personal details

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Postal address:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Email address:	<input type="text"/>

Do you require an interpreter?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>	If yes , which language?	<input type="text"/>
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Are you providing feedback on another person's behalf? (Indicate your response with an X)

no (<i>go to Section 4</i>)	<input type="checkbox"/>	yes	<input type="checkbox"/>
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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 – indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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If **yes**, please provide details:

Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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If **no**, please provide the reason why:

Are we able to speak with the person who received the service? (Indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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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:	
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Section 4: Please provide details of the service that the feedback concerns

Name of the service provider:	
Address of office location of service:	
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.

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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? (Indicate your response with an X)

yes		no	
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If **yes**, with whom and what was the outcome?

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

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Section 8: Privacy

The (name of funded organisation) 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.

The (name of funded organisation) 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 (insert) that deals with the matters identified in your feedback.

If you choose to remain anonymous, (name of funded organisation) may be unable to deliver the full range of services you require.

If you wish to contact (name of funded organisation) who are responsible for managing the personal information that you provide on this form, please call (insert contact phone number).

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact (insert name) on (insert contact phone number).

Section 9: Declaration

Paragraph declaring information provided is true and correct.

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

Please email completed form to info@wbmedicalcentre.com.au