

Feedback and Complaints Form

Thank you for taking the time to provide this feedback, it is appreciated.

Your communication will be acknowledged, and a review undertaken in accordance with the provisions of our Quality Management System. You will be advised of the result.

Please note: Clients have the right to access information and can make a complaint themselves or have a family member speak on their behalf without any retribution.

Please indicate which of the following is most accurate

<input type="checkbox"/>	Compliment	<input type="checkbox"/>	Complaint	<input type="checkbox"/>	Suggestion
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Person completing this form (please tick which box applies)

<input type="checkbox"/>	Participant	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Participant Representative
<input type="checkbox"/>	Staff Member	Name:	<input type="text"/>	Position:	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>		<input type="checkbox"/>	Anonymous

Name and Contact Details

Date Lodged:	<input type="text"/>				
Full Name:	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	Postcode	<input type="text"/>		
Phone:	<input type="text"/>				
Email:	<input type="text"/>				

Preferred Contact Method

<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mail
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Do you require one of the following

<input type="checkbox"/>	<input type="checkbox"/>	Advocate	<input type="checkbox"/>	Interpreter
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Have you discussed this with a staff member?		
	No, what is the reason why?	
	Yes, what is the staff members name?	

Please provide any additional information regarding the outcome of the conversation.

Please state your preferred outcome – how do you feel your Feedback or Complaint can be resolved?

Feedback and Complaints Form

Feedback and Complaints can be submitted in the following ways:

Website: www.tag5.com.au (Download Feedback & Complaints Form)

In person: – Coordinator/Team Leader/Human Resources Officer,
Head Office: Hypercentre Level 1, Suite 9
50-56 Sanders Street
Upper Mount Gravatt QLD 4122

Phone: Head Office (07) 3036 2852

Email: enquiries@tag5.com.au

Mail: Hypercentre Level 1, Suite 9
50-56 Sanders Street
Upper Mount Gravatt QLD 4122

(If complaint is unresolved by TAG 5, contact can be made to the following)

NDIS Quality & Safeguards Commission – Phone 1800 035 544 or TTY on 133677
Complete on-line Complaint form (NDIS Commission website)
Use National Relay Service and ask for 1800 035 544)

Interpreter can be arranged

INTERNAL USE ONLY:

Received By		Date Received		Allocated To:	
Action Taken or Required					
Date Action Completed		Signature			

Feedback for closure (complainant)					
	Verbal		Letter		Meeting
	Email		Other		

Has this feedback been added to the Compliments/Complaints Register?					
		Yes		No	