

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"/>			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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Which Service does this apply to?					
<input type="checkbox"/>	Impact Program	<input type="checkbox"/>	Getaways	<input type="checkbox"/>	Camps
<input type="checkbox"/>	Respite	<input type="checkbox"/>	Support Coordination	<input type="checkbox"/>	Plan Management
<input type="checkbox"/>	Other				
Location of Feedback or Complaint:					
Time of Feedback or Complaint:					

Would you like us to provide follow-up with you on your Feedback or Complaint?				
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Feedback or Complaint Details			

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