Complaints, Compliments & Feedback Form

Our <Name of IPS service> 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 IPS program.

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| Let us know your response below: |
| [ ]  Complaint | [ ]  Compliment | [ ]  Feedback |
| **Personal Details** |  |
| Do you wish to remain anonymous: | [ ]  Yes | [ ]  No |
| First Name: |  | Last Name: |  |
| Address: |  | State: |  |
| Telephone: |  | Mobile: |  |
| Email: |  |
| **Feedback Information** |
| Name of clinic: |  |
| Address of clinic: |  |
| Please share any feedback or concerns. Include what led to making the complaint, compliment or feedback, the approximate dates and who was involved? |
|  |
| Have you had the chance to discuss your concerns with the <Name of service> 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? |
|  |
| **Privacy** |
| <Name of Service <location> 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.<Name of Service> <location> 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 <insert> that deals with the concerns identified in your feedback.Please be advised that compliments may be used and published by <Name of Service> to promote our 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.If you choose to remain anonymous, <Name of Service> may be unable to respond to your complaint, compliment or feedback.If you wish to contact <Name of Service> 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>. |
| **Declaration** |
| *I declare the information I have provided is true and correct* |
| Signature: |  | Date: |  |

**Thank you for taking the time to provide feedback about our IPS program.**