

## Client Feedback Form

Holicare value your feedback. Your honest feedback will help us to understand and serve you better and enable us to work on improving our service standards. Please take a moment to share your thoughts on how we served you.

>> Please ensure that all your contact numbers and address details are completed.

| <b>Compliment</b> □ Please Complete Part A                                   | <b>Complaint</b> □ Please Complete Part B  |
|--|--|
| Part A – Compliment  |  |
| Personal Details   | Please Provide Compliment details  |
| Title ☐ Mr ☐ Mrs ☐ Miss ☐ Master ☐ Ms  | Where possible, please mention the employee, service area etc. so that the compliment may be passed on to the concerned. |
| First Name   |  |
| Surname  |  |
| Address  |  |
|  |  |
| Postcode   |  |
| Phone  |  |
| Mobile   |  |
| Email  |  |
| Primary Language   |  |
| What is your relationship to the Client?                                     |  |
| $\square$ I am the Client $\square$ Spouse $\square$ Child                   |  |
| ☐ Parent ☐ Sibling ☐ Friend  |  |
| ☐ Other - specify  |  |
| I would recommend this service to family and friends:                        |  |
| □ Yes □ No   |  |
| I am happy that you use my comments to further promote and improve services: |  |



| П      | Yes  |   | Nο  |
|--------|------|---|-----|
| $\Box$ | 1 03 | - | INU |

## Part B – Complaint

Once your written complaint has been received, we will forward details to the relevant area for investigation and responding to you. You can expect to receive an acknowledgement for your complaint within 3 days and a response following our investigation within 30 days. If you are unhappy with our complaint process or our response, you have the option of escalating the complaint directly to your State's Complaints Commissioner.

An investigation for the complaint received on the behalf of the client cannot be proceeded without the consent of the client or their appointed Guardian. We appreciate that at times you and/or the person you are acting on behalf of may wish to remain anonymous. If this is the case, an investigation will not be conducted, and this information will be used as constructive feedback only.

| Personal Details                      | Person Providing Complaint  |
|---------------------------------------|---|
| Title ☐ Mr ☐ Mrs ☐ Miss ☐ Master ☐ Ms | (Please provide only if different from the client's details – that is you are complaining on behalf of our clients) |
| First Name                            | <b>Title</b> □ Mr □ Mrs □ Miss □ Master □ Ms  |
| Surname                               | First Name  |
| Address                               | Surname   |
|                                       | Address   |
| Postcode                              |   |
| Phone                                 | Postcode  |
| Mobile                                | Phone   |
| Email                                 | Mobile  |
| Primary Language                      | Email   |
| Interpreter Required                  | Primary Language  |
|                                       | Interpreter Required ☐ Yes ☐ No   |
|                                       | What is your relationship to the Client?  |
|                                       | ☐ Spouse ☐ Parent ☐ Child ☐ Sibling   |
|                                       | ☐ Friend ☐ Other – specify  |



| The name of the support worker, Office worker or other employee   |                                   |
|---|-----------------------------------|
|   |                                   |
| What service/s is /are provided?  |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
| Please provide details of your feedback including dates, times location and outcomes please use additional pages)     | s. (If more space is required,    |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
|   |                                   |
| To enable us to best meet your expectations, please advise if you would like a written further discuss your feedback: | n response or contact by phone to |
| Do you agree us to contact you/the client for further information? ☐ Yes ☐ No   |                                   |
| Signature of Client Date  | e                                 |
| Signature of Person providing   |                                   |



Feedback (if not Client)

Date

Thank you for taking the time to provide us with your valued feedback

