

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.*

Compliment Please Complete Part A

Complaint Please Complete Part B

Part A – Compliment

Personal Details

Title Mr Mrs Miss Master Ms

First Name _____

Surname _____

Address _____

Postcode _____

Phone _____

Mobile _____

Email _____

Primary Language _____

What is your relationship to the Client?

I am the Client Spouse 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:

Please Provide Compliment details

Where possible, please mention the employee, service area etc. so that the compliment may be passed on to the concerned.

Yes No

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

Title Mr Mrs Miss Master Ms

First Name _____

Surname _____

Address _____

Postcode _____

Phone _____

Mobile _____

Email _____

Primary Language _____

Interpreter Required Yes No

Person Providing Complaint

*(Please provide **only** if different from the client’s details – that is you are complaining on behalf of our clients)*

Title Mr Mrs Miss Master Ms

First Name _____

Surname _____

Address _____

Postcode _____

Phone _____

Mobile _____

Email _____

Primary Language _____

Interpreter Required Yes No

What is your relationship to the Client?

Spouse Parent Child Sibling

Friend Other – specify _____



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

