



Date Received: ___ / ___ / _____

Participant Feedback Form (can be emailed to: abundantlife777@bigpond.com)

U B Free Counselling & Arts Psychotherapy Services are committed to providing high quality care and services to meet your needs. We value your feedback –including suggestions, complaints & compliments.

Please let us know what we do well and where we can improve our services.

Indicate your response below with a **X**

This is a:	Compliment		Informal complaint		Formal Complaint		Comment/Suggestion	
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Section 1: Your details

Do you want to remain anonymous? Indicate your response with an X

Yes		No	
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Personal Details:

First Name:	
Last Name:	
NDIS Agency Managed:	
NDIS Plan Managed:	
NDIS Self Managed:	
Home Care Package:	
Other Participant:	
Organisation & Position:	
Contact Postal Address:	
Email Address:	
Mobile number:	
Phone number:	

Do you require an interpreter?

Yes		Which language?		No	
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Are you providing feedback on another person's behalf? (Indicate your response with an **X**)

No (go to section 4)		Yes	
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Section 2: Feedback made on another person's behalf

Please provide the following details about the person on whose behalf you were acting:

Are you a legal guardian for the person who received the service? (e.g. parent of a child under 18 years (Indicate your response with an **X**).

Yes		No	
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If yes, please provide details:

Full Name: _____
Who you are representing: _____

If no, please provide details of your relationship (e.g. family, friend, colleague, etc).

Full Name: _____
Who you are representing: _____

Does the person know you are making a complaint on their behalf?

Yes		No	
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If no, please provide the reason why.

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Are we able to speak with the person who received the service?

Yes		No	
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If no, please provide the reason why.

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Section 3: Other person's consent for feedback made on their behalf.

If you are providing feedback on another person's behalf, and you are not their legal guardian or representative we require the consent of the participant to obtain and pass on their personal information relevant to this feedback. Please provide evidence of this consent when submitting this form. (e.g. the signed consent, as provided below, from the person on whose behalf you are acting).

I, _____ give permission (person giving consent) to _____ (person receiving consent),

To provide or collect relevant information on my behalf to assist with this complaint/suggestion/complaint/concern feedback, as necessary.

Signature:		Date:	
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Section 4: Please provide details of which organisation the participant is from that is creating this feedback:

NDIS		Home Support		Private, No organisation		Organisation	
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Section 5: Please state the feedback:

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Section 6: What action has already been taken in relation to this feedback?

Have the concerns been discussed with another person for assistance with these concerns or an agency or organisation?

Yes		No	
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If yes, with whom, (name the person & contact email and phone no.)
What was the outcome?

Name: _____ Phone _____
Email: _____
Outcome: _____

Section 7: What outcome would you like as a result of providing this feedback?

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Would you like notification of the outcome of this feedback? (Formal or informal will be responded to within 10 days). Thank you for providing us with your feedback, we aim to improve our services.

Yes		NO	
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