# Feedback and Complaint form

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Feedback and complaint form | Version: | 1 |
| Drafted by: | BN |  |  |
| Responsible person: | BN |  |  |

## Introduction

This form is used to collect information about your feedback or complaint.

If you need help filling out this form but don’t know whom to ask, please speak to your counsellor, a program manager, the CEO, or the Office Manager at 03 8877 6900.

|  |  |
| --- | --- |
| How would you like Amber Community to contact you? | Letter:  Phone:  Email: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **About you** (details of the person giving the feedback) | | | | | | |
| Name: | | | |  | | |
| Address: | | | |  | | |
| Contact number: | | | |  | | |
| Email: | | | |  | | |
| Best time to contact you: | | | |  | | |
| Program: | | | |  | | |
| I wish to remain anonymous | | | | Yes | | |
| Is someone helping you to complete this form?  Yes  No (e.g., friend/ family member/support worker/advocate/interpreter/an Elder) | | | | | | |
| **Your complaint/feedback** | | | | | | |
| What is your feedback or complaint? For example: What happened? Who was there? When did it happen? (please attach a separate piece of paper if required) | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| What are you hoping will happen? | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Confirmation and signature** (Please make sure that this information is correct) | | | | | | |
| If someone has helped you fill out this form, have they read back to you what they have written?  Yes  No | | | | | | |
| I, |  | | | | | |
| (Name of the person giving the feedback/making the complaint, agree that the information on this form is true and correct. | | | | | | |
| Signature: | | |  | | Date: |  |
| Name: | |  | | | | |
| The name of the person who filled out the form if it is different from the person making the complaint. | | | | | | |

## Your privacy

Amber Community respects your privacy. We will retain this information and may use or disclose it to make further inquiries or assist in investigating the circumstances of the complaint/feedback.

## Who do I give this form to

Give this form to a counsellor or manager that you are comfortable with, or send via email to:

Office Manager, Amber Community - [office.manager@ambercommunity.org.au](mailto:office.manager@ambercommunity.org.au)

Or the CEO, Bernadette Nugent - [bernadette.nugent@ambercommunity.org.au](mailto:bernadette.nugent@ambercommunity.org.au)

Or post to the relevant person at:

Amber Community

PO Box 2183

Rangeview VIC 3132

## What if I am not happy with how Amber Community handles my complaint?

If you are dissatisfied with how your complaint is handled, please refer to the Health Complaints Commissioner website for further information and support. [MAKE A COMPLAINT | Health Complaints Commissioner (hcc.vic.gov.au)](https://hcc.vic.gov.au/make-complaint)