



Feedback, Compliments and Complaints Form

About this Feedback, Compliments and Complaints Form

This Feedback, Compliments and Complaints Form is to assist you in providing feedback of any kind complaint to our organisation.

If you feel unsure about anything or would like help to complete this form, please speak to your support worker or contact ESG Inclusive Homes on 0418 163 945. We encourage you to make your complaint in writing. Please allow a maximum of ten (10) days for a response. Please attach copies (not the original) of any documents that may help us to handle the complaint. All information is strictly confidential.

At any time, you can raise this complaint about us to the NDIS commission by contacting 1800 035 544.

Anonymous Feedback, Compliments and Complaints

We value your input and strive to continuously improve our services to meet your needs. Your feedback, whether it be compliments or complaints, plays a vital role in helping us enhance our support. We understand that anonymity can be essential in certain situations. If you wish to provide anonymous feedback or raise concerns, please complete Part C of this Form. To ensure your anonymity, please avoid including any personally identifiable information. If you have concerns about privacy, you can also submit feedback through a trusted representative or advocate who can relay your feedback while keeping your identity confidential. Your feedback is invaluable to us, and we thank you for taking the time to share your thoughts and experiences.

Source	<input type="checkbox"/> Employee	<input type="checkbox"/> Participant	<input type="checkbox"/> Advocate/ Family / Other
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Part A:

Date:	Time:
Given Name/s:	Surname:
Telephone (Mobile):	Telephone (Work):
Is there someone else (legal representative or support person) that you would like involved in making this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:

Part B: Fill in if you are completing this form on behalf of someone else.

Given Name/s:

Surname:

Relationship to Participant/ Employee:

Telephone (Mobile):

Telephone (Work):

Does the person know you are making this complaint?

Yes

No

Does the person consent to the complaint being made?

Yes

No

Part C: What is your complaint about? (Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved)

Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter).

How can we help to fix this problem or complaint?

Please return this form via:
Email: patrick.wilsmore@experiencesocialgrowth.com
Post: 8 Sabason Court, Doncaster East, VIC, 3109
Call: 0418 163 945

Office Use Only	
Date of Receipt:	Method of Receipt:
Is this feedback, compliment, or complaint confidential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:	Last Name:
Position:	Department:
Signature:	Date Signed: