

# Feedback form

## General information

Please select from the following. This is a:

- ☐ compliment
 ☐ suggestion
 ☐ complaint

Please select from the following. I am a/an:

- ☐ young person
 ☐ carer
 ☐ family member
 ☐ friend  
☐ health professional
 ☐ service provider
 ☐ other (please specify): \_\_\_\_\_

**Your details (\*you must provide these details)**

\*First name: \_\_\_\_\_

\*Last name: \_\_\_\_\_

\*Suburb: \_\_\_\_\_ \*Postcode: \_\_\_\_\_ \*Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Compliment or suggestion

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## Complaint details

- ☐ Please set out your information as briefly and as clearly as possible
- ☐ Focus on facts
- ☐ Mentions the steps you have taken to resolve the problem
- ☐ Have you raised this complaint before? If so, who did you speak to and what was the result?
- ☐ What is the result you are seeking?

**Note:** You can provide details of your complaint on a separate piece of paper if you need more space. Please attach it to this form when you send it to us.

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