

FEEDBACK FORM (Private and Confidential)



We highly encourage you to complete this form to provide us with any feedback. Feedback can be positive, or it might be a suggestion for us to consider in relation to improving our delivery of service.

Firstchance F&C Register ID:		ADHC FCML ID:	
Name of Person who completed this form:		<input type="checkbox"/> Client/Family <input type="checkbox"/> Assisting Person <input type="checkbox"/> Staff Member <input type="checkbox"/> Other—please specify	
Feedback Details			
Personal Details of the Person Making offering Feedback			
First Name :		Surname:	
Address:		Suburb/Postcode:	
Email:		Phone:	
Your relationship to Firstchance:	<input type="checkbox"/> Family/carer, relationship _____ <input type="checkbox"/> Community Member <input type="checkbox"/> Advocate <input type="checkbox"/> Anonymous <input type="checkbox"/> Other Agency, which Agency _____ <input type="checkbox"/> Other _____		
Details of Person Assisting You (only fill in this section if someone assisted you to fill in this form to lodge your complaint)			
Last Name:		Given Name/s:	
Organisation:	(If Applicable)		
Address:		Suburb/Postcode:	
Email:		Phone:	
Details of the Feedback			
Tell us about the feedback you would like to provide?			
Where did it happen?		When did it happen?	
What is your feedback in relation to? (please tick all that apply)	<input type="checkbox"/> Staff related <input type="checkbox"/> Service quality/meeting service user needs <input type="checkbox"/> Positive policies/guidelines <input type="checkbox"/> Positive Communications <input type="checkbox"/> Process/steps to enquire about our services <input type="checkbox"/> Process to enrol and commence our services <input type="checkbox"/> Information on services available at Firstchance <input type="checkbox"/> Timeliness/responsiveness of service <input type="checkbox"/> Positive response to feedback/complaint		
Signature:		Date:	
Once the above is completed, please forward it to the Program Manager or General Manager.			

Firstchance Section Only (to be completed by the Program Manager or General Manager)	
<input type="checkbox"/> Advise and acknowledge relevant staff in relation to the feedback	
<input type="checkbox"/> Send letter of acknowledgement and thanks to the person who provided the feedback (attach copy)	
<input type="checkbox"/> Add Feedback to Feedback and Complaints Register	
<input type="checkbox"/> Add feedback to FCML (update FCML as necessary)	
<input type="checkbox"/> Additional actions/comments:	