



Feedback Form

Date:			
Name of Complainant:			
Name of Client:			
Phone Number:		Email Address:	
Received by: (office use)			

Please provide details of Feedback / Complaint.

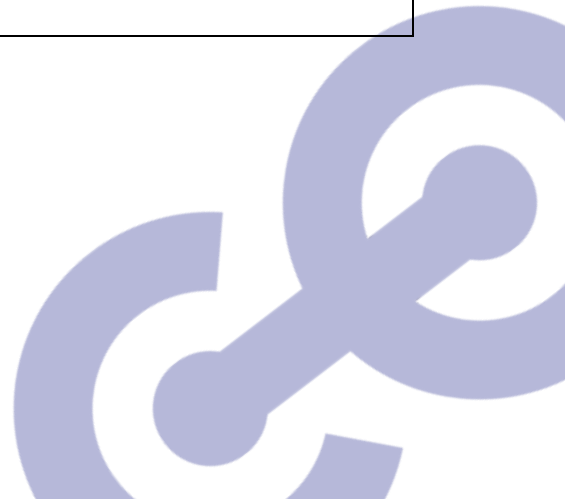
Where possible provide dates, times, names and as many details as you can to help us address your feedback thoroughly. If you need more room, please attach additional pages.

Your feedback will be addressed as quickly as possible

Do you wish to be notified of the outcome?

YES

NO



Feedback Guidelines

1. Your feedback will be handled confidentially, and can be treated anonymously if you so wish.
2. You will suffer no loss of service as a result of making a complaint.
3. The Complaints procedure will be explained to you should you contact the office and request further information.
4. You have the right to use an advocate of your choice. Connect can help you be referred to an appropriate client advocacy service if you require.
5. You have the right to nominate a particular staff member to manage the complaint. You can also nominate a place and time to make this complaint in person if you so wish.
6. The complaint, unless otherwise requested, will be investigated by the General Manager who will contact you within 14 days of lodgement.
7. You can request a copy of any of Connect's forms, policies or procedures which are relevant to your complaint.
8. A confidential record of the complaint will be kept and the complaint will be referred to the Board at the next Board meeting
9. If you are dissatisfied by the management of the complaint, you can take your complaint to the NSW Ombudsman, phone: 9286 1000.

