FEEDBACK AND COMPLAINTS FORM

Our service is committed to providing high quality care and services, and meeting your needs. Your feedback matters. It helps us improve our care and services every day. We love hearing when things go well, and we're here to work with you when they don't. There are several ways you can share your feedback or make a complaint.

We are committed to handling complaints in accordance with the NDIS Practice Standards and Aged Care Quality Standards. All complaints are managed confidentially and will not adversely affect your current or future services.

1.0 TYPE OF FEEDBACK

- ☐ Compliment
- ☐ Complaint
- ☐ Improvement / Suggestion
- ☐ General Feedback

2.0 PERSONAL DETAILS

Name	
Postal Address	
Contact Number	
Email Address	
Language (if interpreter required)	

If you are providing feedback on the service user's behalf, complete section 3.0.

3.0 FEEDBACK MADE ON SERVICE USER'S BEHALF

Please provide the following details about the service user, on whose behalf you are acting:

Service User Name	
Postal Address	
Contact Number / Email	
Relationship to Service User	

- ☐ Please tick if the service user knows you are providing feedback on their behalf.
- ☐ Please tick if you are the legal representative for the service user.
- ☐ Please tick if we are able to speak with the service user.

OCCUPATIONAL
THERAPY SERVICES GROUP

4.0 SERVICE DETAILS

Employee Name (if known)	
Service Type (e.g. NDIS, DVA, CHSP, ICWA, etc.)	
Date(s) of Service	
Location(s) of Service	

5.0 FEEDBACK SUMMARY

Please place a tick or cross in the relevant section to describe your level of satisfaction with the following:	**Extremely Dissatisfied**	**Dissatisfied**	**Neutral**	**Satisfied**	**Extremely Satisfied**	**N/A**
How satisfied were you with your initial contact with Occupational Therapy Services Group?						
How satisfied were you with wait times / time taken to access services?						
How did you feel about the communication and interaction you had with our administrative staff?						
How did you feel about the communication, interaction, and treatment you received from the Occupational Therapist?						
How did you feel about the service that was provided to you?						
Would you use our service in the future?	☐ Yes			☐ No		
Would you recommend our service to a friend/relative?	☐ Yes			☐ No		

Please circle: On a scale of 1 to 10, how satisfied were you with the overall service you received from OTSG?

1	2	3	4	5	6	7	8	9	10

Extremely Dissatisfied **Extremely Satisfied**

6.0 ADDITIONAL FEEDBACK DETAILS

Tell us about your experience. Please provide as much detail as possible, including who / what the feedback is about and when it occurred. Additional information or documentation may be attached to this form and submitted if required.

7.0 DESIRED OUTCOME

☐ Explanation ☐ Resolution ☐ No response required

☐ Other (please specify):

Preferred contact method:

☐ Email ☐ Post ☐ Phone ☐ No response required

8.0 DECLARATION

Signature:	
Date Signed:	

Thank you for taking the time to provide feedback about our service.

Once completed, please return this form via one of the following methods:

- **Email:**
  - info@otservicesgroup.com
- **Fax:**
  - (08) 9332 6548
- **Hand deliver** or **post** to one of our clinic locations:
  - Unit 1 / 3 Turner Avenue, Bentley WA 6102
  - Unit 3 / 765 Marshall Road, Malaga WA 6090

Alternatively, if you would prefer to speak with someone, please **call us on (08) 9332 1783.**

Once we receive your feedback, a member of our team will contact you to discuss it further, unless you have indicated that no response is required.

OFFICE USE ONLY:

Evaluation / Action Plan:	
Staff Signature:	
Date:	

EXTERNAL COMPLAINT OPTIONS

If you remain unsatisfied with the outcome of a complaint, you may wish to contact:

- **NDIS Quality and Safeguards Commission:**
  - Phone: 1800 035 544
  - Email: contactcentre@ndiscommission.gov.au
  - Website: www.ndiscommission.gov.au/contact-us

- **Aged Care Quality and Safety Commission:**
  - Phone: 1800 951 822
  - Email: info@agedcarequality.gov.au
  - Website: www.agedcarequality.gov.au/contact-us
  - In Writing: Aged Care Quality and Safety Commission, GPO Box 9819, Perth WA 6000.

- **Australian Health Practitioner Regulation Agency (AHPRA):**
  - Phone: 1300 419 495
  - Website:www.ahpra.gov.au/Notifications/Concerned-about-a-health-practitioner.aspx

- **Health and Disability Services Complaints Office (HADSCO):**
  - Phone: (08) 6551 7600 / 1800 813 583
  - Email: mail@hadsco.wa.gov.au
  - Website: www.hadsco.wa.gov.au/Make-a-Complaint

ADVOCACY SUPPORT

You have the right to have a support person or advocate assist you when providing feedback or making a complaint. This may include a family member, friend, carer, guardian, support coordinator, interpreter, or independent advocate.

- **The Older Persons Advocacy Network (OPAN) -** 1800 700 600

- **Disability Advocacy Support Helpline -** 1800 643 787

- **People with Disabilities Western Australia -** 08 6243 6948 or 1800 193 331