

your Feedback

Your feedback helps us to improve, so that you will feel safer, happier and get more out of our services.

We will often ask you for feedback. You can also comment or complain at any time. You can use this brochure, or phone us, or ask our staff to help. They will make sure the right people get your message. Your complaint will be kept private.

When you tell us what you like or don't like, we will listen. And we will try to change things if we can.

You will always receive a reply as quickly as possible.

This information is part of the *Feedback, Compliments and Complaints Policy and Procedure*. If you wish to read the entire policy, we are happy to provide a copy.

it's OK to Complain!

Tell us what you think.

Write to us:

MH&R Holdings PTY LTD
Suite 1, 19-23 Hoddle
Street, Richmond, 3121

Phone us:
0380809252

Contact the NDIS Commission

web: www.ndiscommission.gov.au
phone: 1800 035 544
TTY: 133 677.

Interpreters can be arranged.

Advocates can help you complain

The National Disability Advocacy Program can help you work with an advocate.

Email them at:

disabilityadvocacy@dss.gov.au

Or write to:

Disability, Employment and Carers Group
Department of Social Services
GPO Box 9820
Canberra ACT 2601

Or search "disability advocate" online.



your
Feedback
is important

Complaints *form*

helping you
make
Complaints

Compliments and complaints

To give you better and better services, we need your feedback.

Feedback can be compliments, comments or complaints.

We love to hear compliments. That means we are getting it right. If you are happy, we are happy!

If you are not happy, tell us. It's OK to complain.

We won't be angry. So don't be shy. We need to know how you feel. Help us to do better!

We will always listen and reply to complaints, as quickly as possible.

You can complain anonymously. If you don't leave your name, we can't reply to your complaint. But we will still try to make things better.

You can provide feedback here

Name: _____

Get help to complain

- from our workers
- from your family or friends
- from an advocate
- from the NDIS Commission

Advocates

An advocate is trained to speak for you.

If you are not sure how to find an advocate, we can help.

Advocates are a free service.

NDIS Commission

You don't have to talk with us. If you have a serious complaint, you can tell the NDIS Commission.

Compliment and Complaint Form Template

An effective feedback, compliment and complaint handling system addresses the principles of visibility and accessibility, responsiveness, assessment and investigation, feedback, improvement focussed and service excellence.

The compliment and complaint form template is a tool to facilitate feedback being heard clearly and effectively managed by recording key information at the time of first contact.

A listing of support available from the Department of Health and Human Services, the Department of Education and Training and other organisations in the form of training, advice and resources for receiving and managing compliments and complaints is provided.

MH&R HOLDINGS PTY LTD



Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

This is a: Indicate your response below with an X.

compliment	<input type="checkbox"/>
complaint	<input type="checkbox"/>
feedback	<input type="checkbox"/>

Section 1: Your details

Do you want to remain anonymous? [Indicate your response with an X]

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

Personal details

First Name:	
Last Name:	

Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Do you require an interpreter?

yes

no

If yes, which language?

Are you providing feedback on another person's behalf? [Indicate your response with an X]

yes

no [Go to section 4]

Section 2: Feedback made on another person's behalf

Please provide the following details about the person on whose behalf you are acting:

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for the person who received the service?

[e.g. parent of a child under 18 years or guardian – indicate your response with an X]

yes

no

If **yes**, please provide details:

Does the person know you are making a complaint on their behalf? [Indicate your response with an X]

yes

no

If **no**, please provide the reason why:

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Are we able to speak with the person who received the service? [Indicate your response with an X]

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

If **no**, please provide the reason why:

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Section 3: Other person's consent for feedback made on their behalf

If you are providing this feedback on another person's behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent [as provided below] from the person on whose behalf you are acting.

I, [insert name of person giving consent] give permission to [insert name of person receiving consent] to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:	
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Section 4: Please provide details of the service that the feedback concerns

Name of the service provider:	
Address of office location of service:	
Contact person's name and position in the service:	

Section 5: Please state your concerns

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

Section 6: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns? [Indicate your response with an X]

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

If **yes**, with whom and what was the outcome?

Section 7: What outcomes would you like as a result of providing your feedback?

Section 8: Privacy

The MH&R Holdings PTY LTD is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

The MH&R Holdings PTY LTD will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as [insert] that deals with the matters identified in your feedback.

If you choose to remain anonymous, MH&R Holdings PTY LTD may be unable to deliver the full range of services you require.

If you wish to contact MH&R Holdings PTY LTD who are responsible for managing the personal information that you provide on this form, please call 03 8080 9252

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact our administration team on 03 8080 9252

Section 9: Declaration

Paragraph declaring information provided is true and correct.

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

To receive this publication in an accessible format phone <1300 884 706>, using the National Relay Service 13 36 77 if required, or email <complaints.reception@dhhs.vic.gov.au>

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Available at <<https://providers.dhhs.vic.gov.au/>>