

Complete Choice ABN 85643535497 Moblie:0466057770

Email: info@completechoice.com.au
Website: www.completechoice.com.au
23 Kent Road Macdonald Park SA 5121

CLIENT COMPLAINT/FEEDBACK FORM

Instructions:

- 1. Complete this form
- 2. Forward with information to our Complaint Manager via stamp self-addressed envelope provided at your intake. If you do not have this envelope, then please feel free to contact us by:

email	info@completechoice.com.au
Postal Address	23 Kent Road Macdonald Park SA 5121

Name(optional)

Date:

Complaints & Satisfaction Surveys in Relation to People with a Disability

Respondents should be told what the survey is about and what it aims to achieve. They should be assured that their opinions are valued but that their responses will remain confidential and cannot be traced back to them. This encourages people to participate and be honest and open in their responses without fear of retribution.

Q. How would you rate	Excellent	<u>01</u>
the staff for their	Good	
willingness to help you with your needs?	<u>Average</u>	<u>02</u>
With your needs :	<u>Poor</u>	<u>03</u>
	<u>Terrible</u>	<u> </u>
		<u>04</u>
		<u>05</u>
	N.	<u></u>
	Non response	<u>06</u>

Q. How satisfied were you overall with the service provided?	Completely satisfied Somewhat satisfied Neither satisfied or dissatisfied	<u>01</u> <u>02</u>
		<u>03</u>





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	Somewhat dissatisfied			<u>'</u>	<u>04</u>
	Completely dissatisfied			<u>.</u>	<u>05</u>
	Non response			<u>(</u>	<u>06</u>
	Q. Complaints and Feedback				
W	ho is the person, or what is the se	ervice, about whom yo	ou are complaining or provi	ding feedback abou	ut
Na	ame or Service				
	nes the person know you are mak mplaint/providing feedback?	ing this	□ Yes	□ No	
	hat is your Complaint/Feedback a		stand your concerns?		
Would you please provide some details to help us understand your concerns? You should include what happened, where it happened, the time it happened and who was involved.					
٥.	unnarting Information				
Supporting Information Would you please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails)?					
٧	/hat outcomes are you seeking b	ecause of the compla	int/feedback?		



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Official Use only		
D 1 D 1 1		
Date Received:		
Action taken:		
Action taken.		
Date Completed:		
·		
Signature		