

This form is to assist you in providing feedback to Linked Community Services.

What kind of feedback would you like to provide (Please Tick)

Suggestion **Complaint** **Inquiry** **Compliment** **Other(Specify).....**

All persons wishing to make a complaint can speak with the Operations Manager or staff member of choice or choose to complete this form.

Send this form to:
Linked Community Services Limited
PO Box 1796, Port Macquarie, NSW, 2444

Phone: (02) 6583 8644
Website: www.linked.org.au
Email: info@linked.org.au

All information is strictly confidential.

If you feel unsure about anything or would like help to complete this form, please speak to one of our friendly staff. Forms are available from all drivers, our office or website. Refer to your service user handbook or our website for the details of the feedback process.

As a Service User, you have the right to complain about the service you are receiving without fear of retribution and you will continue to receive uncompromised services whilst your complaint is dealt with in a fair, prompt, confidential and timely manner.

We encourage you to make your complaint in writing. Please allow a maximum of 7 working days for a response.

Personal details (Optional) you can provide feedback anonymously.

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name: Mr/Mrs/Miss/Ms _____

Postal Address: _____ Postcode: _____

Email: _____

Phone No: _____ Mobile: _____

Is there someone else (i.e. an advocate, legal representative or support person) that you would like involved in providing feedback?

Yes ☐ No ☐

Name of advocate/ legal representative/support person: _____

Postal Address: _____

Phone: _____ E-Mail: _____

Details of the feedback or incident

Please explain, what happened, where it happened, when it happened and who was involved.

What action would you like the organisation to take to in relation to your feedback?

Additional information and documents for complaints only

How would you like to see your complaint resolved?

Did some witness the incident? Yes / No

Are they willing to be contacted regarding your complaint? If yes, please provide name and contact details.

Supporting documentation

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the complaint.

To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can.

Please sign and date this form.

Signature: _____ Date: _____

Office Use Only

Recorded in Complaints Register	Yes	Date
Copy of Complaint provided to CEO		
Appropriate action taken and noted in client file		
Complaint resolved?		