**CLIENT FEEDBACK FORM**

Thorne Harbour Health welcomes all kinds of feedback from clients or carers, including complaints, compliments and suggestions. Your feedback will assist us in our regular review of the services that we provide. Please ask to speak to a Team Leader or Manager if you wish to discuss your concerns. Feedback can be made in any language. We can arrange an interpreter in your language or a sign language interpreter, if required. We can also help you write out your feedback if you need assistance.

Giving your name is optional – anonymous feedback is also welcomed and will be taken seriously.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Comments – Please give details of your feedback below:**

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**Please complete below:**

**This feedback is: A complaint 🗆 A Compliment 🗆 A suggestion 🗆**

**Response requested: Yes, I would like a response 🗆 No, I don’t need a response 🗆**

**Which Thorne Harbour Health Service? *(Please state)*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU for taking the time to provide us with your feedback.**

**What happens now?**

**If you are making a complaint:**

Complaints are taken seriously and will be looked into carefully and sensitively. If you make a complaint, your future use of Thorne Harbour Health will not be affected. You also have the right to have an external advocate or other independent support to assist you with your complaint. A list of advocacy services is available upon request.

When we receive your complaint, we will take the following steps:

1. If response requested we will formally acknowledge your complaint and advise who is handling it within seven working days.

2. We will aim to investigate your complaint within 28 days. Some matters are more complex and can take longer to sort out and if that happens, we will keep you informed of our progress.

When a complaint is not resolved you will be given the option of making contact with the CEO. You may also choose to escalate your complaint to either;

1. Health Complaints Commissioner: 1300 582 113, 26th Floor, 570 Bourke Street, Melbourne VIC 3000, <https://hcc.vic.gov.au>
2. **Health and Community Services Complaints Commissioner (HCSCC)** Tel (08) 8226 8666 or 1800 232 007 (free call) / Online: [www.hcscc.sa.gov](http://www.hcscc.sa.gov/) / Email: info@hcscc.sa.gov.au / Post: PO Box 199, Rundle Mall SA 5000
3. NDIS Quality and Safeguards Commission: 1800 035 544, [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au)
4. Office of the Australian Information Commissioner (OAIC) Tel: 1300 363 992 / Online: www.oaic.gov.au/recomplaint /
Email: enquiries@oaic.gov.au / Post: GPO Box 5218, Sydney, NSW 2001
5. Office of the Victorian Information Commissioner (OVIC) Tel: 1300 006 842 / Online: www.cpdp.vic.gov.au/ Email: privacy@cpdp.vic.gov.au / Post: PO Box 24274, Melbourne VIC 3001
6. **South Australian Privacy Committee T**el: (08) 8204 8786 / Online: [www.archives.sa.gov.au/general-information/](http://www.archives.sa.gov.au/general-information/) privacy-committee/privacy-committee-sa / Email: staterecords@sa.gov.au / Post: PO Box 464, Adelaide SA 5001

**If you are making a suggestion:**

Suggestions are used to help improve our services, facilities or procedures. Your feedback is important as it helps us to improve our service.

**If you are giving a compliment:**

We are always pleased to receive compliments about our services. We will ensure that your feedback is given to the relevant staff members or program.

**Privacy statement**

The information we collect on this form will be used by us to reply to the feedback you have given us. It may be disclosed to third parties where it is required by law or where you have otherwise consented. Sometimes Thorne Harbour Health gives de-identified examples of both positive and negative feedback that we have received in our Annual Report. This is to show some of the issues that clients have experienced and what we have done in response.

**Office use only**

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Acknowledged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acknowledged by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Actions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outcomes: Resolved/Not resolved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Add attachments as necessary.

Please forward this completed form with any added attachments to the Quality Coordinator.