

FEEDBACK, COMPLIMENTS AND COMPLAINTS FORM

Compliments, complaints and other feedback provide us with valuable information about your satisfaction with our services. Feedback is taken seriously by Acacia Therapy and is seen as an opportunity for improvement. Please let us know what you think.

This is Positive Feedback Complaint General Comment

I am a Participant Family Member Staff Member

Staff member on behalf of a participant

Participant Representative

Other: _____

Please tell us about your experience at Acacia Therapy.

Please share your ideas or suggestions with us

Would you like us to follow up with you on your feedback? Yes No

If yes, please provide your details below:

Full name _____

Phone _____ Email _____

Feedback, compliments and complaints can be lodged:

- directly with a staff member, either verbally or by providing a completed Feedback, Compliments and Complaints Form (this form);
- by email to: info@acaciatherapy.net;
- by phone on: 07 46 001 343;
- in writing to: Po Box 260 Harlaxton, Toowoomba; or
- by dropping a completed Feedback and Complaints Form at our Clinic at Shop 2 – 2 Rob Street, Toowoomba

Your complaint will be formally acknowledged within 24hrs. We aim to respond to all complaints and grievances as quickly as possible, and within 20 working days from acknowledgement. If a complaint cannot be responded to in full within 20 days of acknowledgement, you will be provided with an update, which will include when a full response can be expected.

All feedback and complaints will be used by Acacia Therapy to continuously improve our service delivery.

If you have any further questions about complaints and feedback, please refer to Acacia Therapy's Complaint Management Policy (available for download from our website: acaciatherapy.net) or contact the Practice Manager on 46001 434

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

Supporting Documents

Documents relevant to this policy:

- *NDIS Participant Handbook*
- *Participant Charter*
- *Complaints Management Policy*

DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
1	9/12/19	Practice Manager
Version History		
Version No.	Review Date	Revision Description