

Feedback, Compliments and Complaints

Compliments, complaints and other feedback provide us with valuable information about your satisfaction with our services. Feedback is taken seriously by ADSS and is seen as an opportunity for improvement.

We encourage feedback and comments on the services we provide, both positive and negative. Whether a compliment or complaint, your feedback will be treated with confidentiality and sensitivity.

Feedback, compliments and complaints can be lodged:

- directly with a staff member, either verbally or by providing a completed Feedback, Compliments and Complaints Form;
- by email to: support@a-dss.com
- by phone on: 1800 943 718
- On our website at: <https://www.a-dss.com/feedback-and-complaints.html>

Your complaint will be formally acknowledged within three working days. We aim to respond to all complaints and grievances as quickly as possible, and within 28 working days from acknowledgement.

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

Feedback Compliments and Complaints Form

This is a:

Compliment

Complaint

Feedback

Section 1: Your details

Do you want to remain anonymous?

Yes

No

Personal details

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

Email address:	
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Do you require an interpreter?

Yes

No

If yes, which language?

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Are you providing feedback on another person's behalf?

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:

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

[e.g. parent of a child under 18 years or guardian]

Yes

No

If yes, please provide details:

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Does the person know you are making a complaint on their behalf?

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?

Yes

No

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 if applicable:	
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.

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Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns?

Yes

No

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

Australian Disability Support Services (ADSS) 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.

ADSS 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 the NDIS that deals with the matters identified in your feedback.

If you choose to remain anonymous, ADSS may be unable to deliver the full range of services you require. If you wish to contact ADSS who are responsible for managing the personal information that you provide on this form, please call [1800 943 718](tel:1800943718)

Section 9: Declaration

Paragraph declaring information provided is true and correct.

Signature		Date	

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