

Complaints & Feedback Form

At Xtremecare we value constructive criticism in the form of a complaint or general feedback as this allows us to improve our service delivery. On the other hand, we encourage positive feedback which gives us the opportunity to acknowledge our staff and individuals doing an exceptional job in their roles.

What type of feedback are you providing?

Complaint Compliment Feedback

Do you wish to remain anonymous?

Yes - go to Section 3 No - go to Section 1

Section 1 - Details of the Person who is making this complaint/providing feedback

Name of Person	
Address	
Phone	
Email	
My preferred contact method is	Email <input type="checkbox"/> Phone <input type="checkbox"/>

Are you making this complaint on behalf of another person?

Yes - go to Section 2 No - go to Section 3

Section 2 - Details of person you are making this complaint/feedback on behalf of

Name of Person	
What is your relationship to this person?	
Does this person know you are making this complaint/providing feedback?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the person consent to the complaint/feedback being made?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 – Details of person or organisation you are making a complaint or providing feedback about

Name of Organisation	
Is this complaint or feedback about an individual?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide their name and position title (if known):
Contact Details (if known)	

Section 4 – Details of Complaint/Feedback

Please provide further details on your complaint/feedback. You should include what happened, where it happened, time it happened and who was involved (if known).

Please include any support documentation (if relevant).

Did you discuss your concerns with Xtremecare Australia or another agency or person for assistance?

Yes No

If yes, please provide details of whom and what was the outcome?

What outcomes would you like as a result of providing your feedback?

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If you are making a complaint, or giving us feedback, how would you like us to let you know about the progress or outcome of your complaint?

In Person Phone Email Post

Section 5 – Declaration

Privacy

Xtremecare Australia is committed to protecting your privacy. The information collected on this form will be used for the purpose of investigating and responding to your complaint or feedback.

All information gathered on this form will be collected and used in accordance with relevant privacy acts and laws. For us to provide the best possible service and outcome, we may need to share your information with others such as, advocacy or health-related agencies, the NDIA or any other organisations that can assist with concerns identified.

Xtremecare Australia may use and publish compliments to promote our service. No personal or identifying information will be used in this instance. If you do not wish for compliments to be shared or published, please let us know.

If you wish to remain anonymous, Xtremecare Australia may be unable to provide a response to your complaint or feedback.

If you wish to contact Xtremecare regarding the information that you provided on this form, please call (07) 5514 6500 or email marjorie@xtremecare.com.au.

You have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For further information on making an application, please contact the Office of the Australian Information Commissioner or call 1300 363 992.

Complaints and feedback can also be provided to the **NDIS Commission**, you can call them on 1800 035 544 or submit an online complaint here: <https://www.ndiscommission.gov.au/participants/complaints>

Declaration

I declare that the information I have provided is true and correct.

Signature:		Date:	
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Thank you for taking the time to provide your feedback