

Compliments and Complaints Form

Details of compliment, complaint or feedback including what events led you to making the compliment, complaint or feedback, approximately dates and who was involved (please attach additional pages if required)

What action have you already taken in relation to this feedback?

Have you discussed your concerns with any Vivid staff, other agency or person?

Yes No

If yes, with whom and what was the outcome?

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

Privacy

Vivid 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.

Vivid 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 (DHHS) that deals with the matters identified in your feedback.

If you choose to remain anonymous, Vivid may be unable to deliver the full range of services you require.

Declaration

I/we declare the information provided is true and correct.

Signed:

Date:

Compliments and Complaints Form

Office Use Only:

Registration No:

Received by:

Date:

Acknowledgement: (must be within three working days of receiving complaint)

Written Verbal

By whom:

Date:

Immediate actions taken, action to be taken or additional information:

Details of action taken to resolve complaint (endeavour to complete investigation within 21 working days):

Details of outcome:

Complaint resolved? Yes No Unknown Has the complainant been informed of the outcome? Yes No Unknown Written Verbal

By whom:

Date:

Regardless of the outcome of the complaint, was the complainant satisfied with the process?

Yes No Unknown

If improvement suggestion was made – OFI completed & forwarded to Risk & Quality Coordinator

Yes No N/A

Information entered to the Disability Services Commissioner's:

Compliments Register Yes OR Complaints Register Yes

Signed:

Date:

Print Name: