

Compliments and Complaints Form

Please let us know what we do well and where we can improve our services.

Vivid is committed to providing high quality care and services and meeting your needs. We value your feedback - including complaints.

Indicate your response below windicate Your response below windings and the second sec	th an X. Complaint Feedback								
Do you want to remain anonymo	ous?								
Your details:									
Name:									
Postal Address:									
Telephone Number:									
Email Address:									
Relationship to Vivid:	Client Family member/carer								
	Other (please provide details)								
Please provide details of the ser	vice that the feedback concerns								
Service Area:	Day Services Work Crew								
	Accommodation and Attendant Care								
	Training and Education Corporate Services								
Site:	Day Services								
	High Street South Percy Street								
	Kyabram Kerang Swan Hill								
	Supported Employment								
	Echuca Kerang Swan Hill								
	Accommodation and Attendant Care								
	Echuca Kerang Swan Hill								
	Corporate Services								
	High Street North Registered Training Organisation								



Compliments and Complaints Form

	pliment, complaint or feedback including what eveloback, approximately dates and who was invol	-	-
required)		- u	
What action h	ave you already taken in relation to this feedback	?	
Have you disci	ussed your concerns with any Vivid staff, other ag	ency or person?	1
Yes	No		
If yes, with wh	nom and what was the outcome?		
What outcome	es would you like as a result of providing your fee	dback	
Privacy	ttad to protecting your private. We called and handle	arcanal informati	on that you provide on this
	tted to protecting your privacy. We collect and handle properties for the purpose of investigating and responding.	ersonai informati	on that you provide on this
<u> </u>	use your information in accordance with relevant privace	-	•
	effectively and efficiently, we may need to share your eals with the matters identified in your feedback.	personal informat	ion with others, such as
	to remain anonymous, Vivid may be unable to deliver th	e full range of ser	vices vou require
ii you choose t	o remain anonymous, vivia may be anable to deliver th	e ruii ruiige oi sei	vices you require.
Declaration			
I/we declare th	ne information provided is true and correct.	1	
Signed:		Date:	

Please Note: This document is not a controlled version once printed. To ensure you have the latest version please check SharePoint



Compliments and Complaints Form

Office Use Only:		Registration No						No:				
Received by:									Date:			
Acknowledgement: (must be within three working days of receiving complaint)												
Written	V	erbal		By v	vhom:					Date:		
Immediate actions taken, action to be taken or additional information:												
Details of action t	aken	to res	olve co	omplaint	(endea	avour to	compl	ete in	vestigation	n within 2	21 working	days):
Details of outcom	ie:											
Complaint resolu	ved?		Ye	s	No		Un	know	n 🗌			
Has the complai	nant	been i	nform	ed of the	outco	me?	Υ	es [No		Unknown	
Written	V	erbal		Ву и	vhom:					Date:		
Regardless of the outcome of the complaint, was the complainant satisfied with the process?												
Yes	No		Unkr	nown								
If improvement s	ugges	stion w	/as ma	de – OFI	comple	eted & fo	orward	led to	Risk & Qu	ality Coo	rdinator	
Yes	No		N,	/A 🗌								
Information ente	red to	the D	isabili [.]	ty Servic	es Com	mission	er's:					
Compliments Re	giste	r [`	Yes		OR	Comp	olaints	Register		Yes	
Signed:									Date:			
Print Name:												

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