

Feedback, Compliment & Complaint Form

An effective feedback, compliment and complaint handling system addresses the principles of visibility and accessibility, responsiveness, assessment, and investigation, with an improvement focus on service excellence.

IDEAL Placements is committed to providing high quality care and services and meeting your needs. We value your feedback, compliment, or complaint. Let us know what we do well and where we can improve our services to support our continuous improvement.

Indicate the relevant section with a X:

Date:	Time:	IP staff members name:	Position held:
Feedback <input type="checkbox"/>	Compliment <input type="checkbox"/>	Complaint <input type="checkbox"/>	OHS <input type="checkbox"/>
Section A: Your Details			
Do you wish to remain anonymous?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require an interpreter?	Yes <input type="checkbox"/> which language: No <input type="checkbox"/>
Personal details of person lodging feedback including JSID if relevant			
First Name:		Surname:	
Address:			
Contact Phone Number:		Email address:	
Are you providing feedback on another person's behalf?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details: Name of person you are providing feedback for:	

Section B:**Details of feedback. Attach relevant documents that will assist when reviewing your feedback****Section C:****List resolutions or suggestions for improvement to our services from your feedback**

Do you permit us to share your feedback

Yes
No **Declaration****All information provided in this document is true and correct**

Signature:

Date:

Section D:**Privacy**

IDEAL Placements 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. We will only use your information in accordance with relevant privacy and other laws. For us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as Managers or other people that deal with the matters identified in your feedback. If this person is outside of the organisation, it will only be shared with those you have provided us with permission. If you wish to contact anyone who is responsible for managing the personal information that you provide on this form, please call the General Manager 07 4957 8177.



OFFICE USE ONLY:			
Log ID:		Date Logged:	
Investigation comments and outcomes:			
Does the feedback warrant corrective action or provides an OFI on any of the following?	Policy Yes <input type="checkbox"/> No <input type="checkbox"/> Procedure Yes <input type="checkbox"/> No <input type="checkbox"/> Service Delivery Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Instruction Yes <input type="checkbox"/> No <input type="checkbox"/>	Human Resources Yes <input type="checkbox"/> No <input type="checkbox"/> OHS Yes <input type="checkbox"/> No <input type="checkbox"/>
If responded YES to the above record:	IR Number		
Have you notified, where required the person lodging the feedback of the outcome?	Yes <input type="checkbox"/> No <input type="checkbox"/> Any additional comments:		
General Manager Approval	Signature:	Date:	
Staff Meeting Minutes if applicable	Date:		
Governance Meeting Minutes if applicable	Date:		

