



COMPLAINT AND FEEDBACK FORM

Completed forms can be returned to:
 Any Peckys Limited staff member
peckys@peckys.org.au
 PO Box 889, Seven Hills NSW 1730

Please let us know if you need help filling in this form or an advocate to support you in this process

Date		
Name of person making the complaint / providing feedback		
Contact Number	(m)	(ph)
Email		
Preferred method of contact		
Are you a	<input type="radio"/> Peckys client <input type="radio"/> Family/carer/guardian <input type="radio"/> Staff <input type="radio"/> Friend	<input type="radio"/> Member of the public <input type="radio"/> Another service provider <input type="radio"/> Other: _____
What is your complaint / feedback about?	<input type="radio"/> Service delivery/quality <input type="radio"/> Staff <input type="radio"/> Communication	<input type="radio"/> Physical premises <input type="radio"/> Other
Please provide us with some information about your complaint/feedback		
<p style="text-align: center;"><i>Please attach copies of any documentation that might help us e.g. letters, emails</i></p>		



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What outcomes are you seeking as a result of your complaint / feedback?
e.g. Explanation, change, review of policy, acknowledgement of views/issues, training/feedback to worker/s

OFFICE USE ONLY			
Date of receipt		Date acknowledged	
Name of person receiving feedback / complaint			
Method of receipt	<input type="radio"/> In person	<input type="radio"/> Email (attach)	<input type="radio"/> Other:
	<input type="radio"/> Over phone	<input type="radio"/> Completed form	
Action taken <i>Describe what occurred in response to the complaint/feedback, including who the action was taken by, and any dates action occurred. Attach additional pages if required.</i>			
COMPLAINTS ONLY: Is the Complainant satisfied with our response? <input type="radio"/> Yes <input type="radio"/> No If NO , please notify your manager immediately and communicate with Complainant about our process for escalation. Manager to contact Complainant within 1 business day.			
Date all actions completed			
Manager			
Further action required? <input type="radio"/> No <input type="radio"/> Yes (describe below)			
Manager Signature		Date	

Please return completed forms to CEO for entry on Complaint and Feedback Register