



COMPLAINTS and FEEDBACK FORM

PLEASE TICK

<input type="checkbox"/>	I am a Parent / Guardian / Carer
<input type="checkbox"/>	I am a Staff member
<input type="checkbox"/>	Other (please specify if you are making the complaint on behalf of another person)

What does your Complaint relate to? (please tick)

<input type="checkbox"/>	Service delivery
<input type="checkbox"/>	Service Policy or Procedure
<input type="checkbox"/>	Children
<input type="checkbox"/>	Key Worker (Teacher or Therapist)
<input type="checkbox"/>	Manager
<input type="checkbox"/>	Management Committee
<input type="checkbox"/>	Administration
<input type="checkbox"/>	Other (please specify)

IMPORTANT - If your complaint is of a serious nature and involves disclosure of discrimination, abuse, neglect or exploitation OR Criminal behaviour, your complaint will be referred directly to an external support organisation including the NDIS Commissioner – Quality and Safeguards, NSW Family and Community Services – Child Protection Unit and / or the Police.

Please provide a summary of your Complaint here. (Tell us about your experience including the names, dates and details of what happened and who was involved. You can attach additional pages if you need to)



COMPLAINTS and FEEDBACK FORM

How can we best contact you to keep you informed about this issue?

What do you want to happen now?

Would you like to work with us to develop solutions to resolve this issue?

Would you like us to provide further support options and information regarding Complaints Handling or Advocacy Services ? (please provide additional details)

Name: _____

Signature: _____ Date: _____

Please return to Early Connections - Coffs Coast:

Email: admin@earlyconnections-coffscoast.org.au

Fax: 02 6652 6039

Mail: PO Box 1977, Coffs Harbour NSW 2450

In Person: 13 Kane Crescent, Coffs Harbour NSW 2450