



Feedback Compliment and Complaint

Please submit this compliant via email to judith@we2care.com.au or alternatively this can be posted or dropped into the office at 1-3 Patrick St, Aitkenvale.

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

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

Indicate your response below with an X.

This is a:	Compliment	<input type="checkbox"/>	Complaint	<input type="checkbox"/>	Feedback	<input type="checkbox"/>
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Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Personal details

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Do you require an interpreter?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes , which language?	
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Are you providing feedback on another person's behalf? (Indicate your response with an X)

No (<i>go to Section 4</i>)	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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Section 2: Feedback made on another person's behalf

Please provide the following details about the person on whose behalf you are acting:

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Section 4: Please provide details of the service that the feedback concerns

Name of the service provider:	
Address of office location of service:	
Contact person's name and position in the service:	

Section 5: Please state your concerns

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

Section 6: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns? (Indicate your response with an X)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **yes**, with whom and what was the outcome?

Section 7: What outcomes would you like as a result of providing your feedback?

Section 8: Privacy

We2care 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.

We2care 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 other service providers and stakeholders that deals with the matters identified in your feedback.

If you choose to remain anonymous, We2care may be unable to deliver the full range of services you require.

If you wish to contact We2care who are responsible for managing the personal information that you provide on this form, please contact the Privacy Officer who is the General Manager on (07) 4744 2317.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact Judith Rusoke-Dierich on (07) 4744 2317.

Section 9: Declaration

Paragraph declaring information provided is true and correct.

Signature:		Date:	
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Thank you for taking the time to provide feedback about our service.