



Register No. _____

<input type="checkbox"/> Customer	<input type="checkbox"/> Carer / Family member	<input type="checkbox"/> Staff	<input type="checkbox"/> Other:
Today's Date:			
Name	of person providing feedback:		
Name	of person completing form - if different:		

<input type="checkbox"/> Compliment	<input type="checkbox"/> Comment for noting	<input type="checkbox"/> Formal Complaint *
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*Feedback will be provided for a formal complaint. Please ensure that all times, dates, people involved and issues are documented so an investigation can be undertaken to resolve the problem.

How would you like to be informed about action that has been taken?			
<input type="checkbox"/> No response required	<input type="checkbox"/> Meeting		
<input type="checkbox"/> Phone Call	<input type="checkbox"/> Letter / Email		
Please provide relevant contact details:			
Phone number:		Email address:	
Postal address:			

Please list your feedback below. If additional space is required, please attach another sheet.

Please post this form to:	ASTERIA Services Inc., PO Box 5, Maryborough 3465
Or, Hand-deliver to:	20 Christian Street, Maryborough 3465



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Office use only:

Indicate the area the feedback relates to:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	Community Options and Living	Out of Home Care	Business Services	Customer Service / Intake

Acknowledged via:

<input type="checkbox"/> Meeting	<input type="checkbox"/> Phone contact	<input type="checkbox"/> Letter	<input type="checkbox"/> Email
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Date of acknowledgement:

Referred to (for investigation):

Actions completed for complaint:

Date CIMS report submitted (if applicable):

CI/CA number (if applicable):

External parties complaint raised with:

<input type="checkbox"/> DHHS	<input type="checkbox"/> DSS	<input type="checkbox"/> DSC	<input type="checkbox"/> Other:
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DHHS: Department of Health and Human Services

DSS: Department of Social Services

ODSC: Disability Services Commissioner.

Closing Date for Complaint: