

Feedback & Complaints Form

(DRF5

Section 1: Reason for Feedback

Ballarat Neighbourhood Centre is committed to providing the highest quality services to our community. To do this we rely on honest feedback. If you have enjoyed your interactions with us please let us know. If your experience has not met your expectations, it is even more important for you to let us know.

Indicate your response below.

This is a:	Compliment	Complaint	Feedback/ Idea	
This is about:	A Course or Activity	A Staff Member	The facilities or equipment	

You can submit your form

- in the envelope provided, directly to a staff member or place it in the feedback box in reception, or
- you can send it to PO Box 540W, Ballarat, 3350. Note: all feedback forms are read by the Executive Officer. If
 your complaint is about the conduct of management you can contact the Committee of Management Chair by
 mailing this form to PO Box 540W, Ballarat, 3350 marked as 'CONFIDENTIAL- FOR COMMITTEE CHAIR
 ONLY'. You can ask at reception for an envelope and a stamp.

Section 2: Your details

Yes (go to Section 3)

Do you want to remain anonymous? ((Indicate your response below)
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No

Are you providing feedback on another person's behalf? (Indicate your response below)

Yes (go to Section 2)

First Name				
Last Name:				
Postal address:				
Telephone number:				
Mobile number:				
Email address:				
Do you req	uire an in	terpreter?		
Yes		No	If yes, which language?	

No (go to Section 4)

Section 3: 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 addre	ess:				
Telephone i	number:				
Mobile num	ber:				
Email addre	ess:				
Are you a le	gal represent	ative for the pe	nship to the person on who	ce?	ıg:
	1	ler to years or	guardian – indicate your res	sporise below)	
Yes	No				
If yes , pleas	e provide de	tails:			
Does the pe	rson know yo	ou are making a	a complaint on their behalf?	(Indicate your response b	pelow)
	provide the	reason why:			
Are we able	to speak with	n the person w	ho received the service? (Inc	dicate your response belo	w)
Yes	No				
lf no , please	provide the	reason why:			

Section 4: Other person's consent for feedback made on their behalf

If you are providing this feedback on another person's behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I, (insert name of	f person giving consent)		give permission to			
(insert name of p information on m	erson receiving consent) y behalf to assist with this complain	nt/compliment or feedback	to provide or collect relevant , as necessary.			
Name:		Signature:				
Date:						
			edback, approximate dates and who /			

Section	6: Wh	nat actio	n have	you al	ready tal	ken in	relation to th	is feed	back?		
Have you	discusse	ed your fe	edback w	ith anyon	e at Ballara	at Neighl	bourhood Centre?	(Indicat	e your re	sponse below)	
Yes			No								
If yes, wit	th whom	and what	was the c	outcome?							
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Section	1 /: VVr	nat outc	omes v	vould y	ou like as	s a res	sult of providi	ng you	r teedb	ack?	
Section	n 8: Pri	vacy									
	•						ivacy. We collect and responding.	and hand	le person	nal information t	that
	•						ccordance with re	•	•		ıL.
	ich as ou						ve may need to sh ies who deal with				n
If you cho you requi		emain ano	nymous,	Ballarat N	Neighbourho	ood Cen	tre may be unable	e to delive	er the full	range of servic	es
•		•			or managing 1 03 5329 32	•	rsonal informatior	that you	provide o	on this form,	
		•	•				orrection under the on contact Vicki Co				
		claratio									
The inforr	mation I h	nave provi	ded is tru	e and co	rrect.		T				
Signature	e:						Date:				

Thank you for completing this form.