

FEEDBACK FORM

(To be completed by clients/on behalf of client/staff to document a FEEDBACK)

We strive to provide quality services and care to our customers, care recipients and clients at all times. We also believe in continuous improvement, to ensure this is being upheld in practice. Please feel welcome to have your say and provide your feedback - especially if it is in relation to a complaint.

Please note that we take all feedback provided seriously, and our Quality, Risk & Compliance team will review the matter to ensure a best practice solution is implemented moving forward.

Feedback can be provided verbally, in writing via email or mail.

Please contact our office to provide verbal feedback on 9621 6633.

To provide your feedback in writing, you can email the completed form to info@sydwestms.org.au

Or send the form via mail to: Level 2, 125 Main St, Blacktown NSW 2148

Service Area at SydWest Multicultural Services

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|--|---|--|
| <input type="checkbox"/> Aged Care | <input type="checkbox"/> Disability | <input type="checkbox"/> Settlement Services |
| <input type="checkbox"/> Women & Family | <input type="checkbox"/> Youth & Capacity | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> External Service Provider _____ | | |

Details of the person providing Feedback:

I am: Client Advocate/ Family/ Friend Staff Representing

Date: _____

Description of Feedback:

Proposed Action:

Name of Person providing Feedback:

(You can choose to leave this section blank. Please fill below if you need to be contacted for a confidential conversation)

Mobile/ Phone:Email address:

(A copy of this form must be handed over to the Quality Risk & Compliance Manager immediately upon completion for entry into the Register of Complaints).