



Client Feedback Form

Grievance, Complaint,
Feedback, Suggestions,
Compliments



PO Box 3009 Alice Springs NT 0871

P: 08 8950 5000

W: www.dasa.org.au

E: reception@dasa.org.au

Your feedback assists in improving the quality and safety of our services, whether a complaint, compliment or suggestion. The privacy of both service user and provider is respected; no reference is to be made about lodgement of a complaint on any person's file. Access to client files held by DASA related to this complaint may be required as part of any investigation into this matter.

PRIVACY STATEMENT

Consistent with NT Government Legislation, DASA endorses fair information handling practices. Any information provided, including identification of individuals, will be used only for the purpose intended and where the intention includes confidentiality, information will be retained as such unless otherwise required by law.

Client Details (optional)				
Title: (please circle)	Mr	Mrs	Miss	Ms
First Name:				
Surname:				
Date of Birth:				
Address:				
Suburb/Community				
Contact Numbers				

Question	
Is the person making the complaint the person who received the service?	Yes <input type="checkbox"/>
(please tick)	No <input type="checkbox"/>

If you are making the complaint on behalf of someone else, please complete the following:				
Title: (please circle)	Mr	Mrs	Miss	Ms
First Name:				
Surname:				
Date of Birth:				
Address:				
Suburb/Community				

Relationship to the Client (please tick)		
Relative	<input type="checkbox"/>	Please state relationship
Guardian	<input type="checkbox"/>	Documentation is required including consent for or guardianship orders to verify relationship.
Other	<input type="checkbox"/>	Please state (e.g. carer)

Is the client aware you are making this complaint on their behalf? (please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If the client has not agreed, briefly explain the representative's interest in this matter

What is your complaint, compliment, grievance, suggestion or feedback?

What outcome would you like to achieve by making this complaint?

Signature of Client or Representative	
Date	

Action Taken on Receipt of Complaint:

Resolved at point of contact: Yes No

Referred to Manager/Supervisor for action: Yes No

Manager / Supervisor's Comments

Signature/Title	
Date	

If unresolved, what advice was provided to the complainant regarding other avenues of readdress?

(eg: letter to Management Committee, contacts for Health and Community Services Complaints Commission).

Contacts for NTG Health and Community Services Complaints Commission
Phone: (08) 8999 1969
Toll Free Phone: 1800 004 474
E-mail: hcscc@nt.gov.au