

## Feedback Form

Our Community House is committed to providing high quality programs and activities that are consistent with our purposes and address community needs where possible. We value your feedback – including complaints.

Please let us know what we do well and where we might improve our program delivery. Please feel free to speak to one of the ECH Managers first or complete this form and send to [emhouse@inet.net.au](mailto:emhouse@inet.net.au), attn. ECH Managers.

Indicate your response below with an X.

<b>This is a:</b>	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:	<input type="text"/>
Last Name:	<input type="text"/>
Postal address:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Email address:	<input type="text"/>

Do you require an interpreter?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>	If <b>yes</b> , which language?	<input type="text"/>
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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:	<input type="text"/>
Last Name:	<input type="text"/>
Postal address:	<input type="text"/>
Telephone number:	<input type="text"/>

Mobile number:	
Email address:	

**Please provide details of your relationship to the person on whose behalf you are acting:**

Are you a legal representative for the person who received the service?

(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

yes		no	
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If **yes**, please provide details:

Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

yes		no	
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If **no**, please provide the reason why:

Are we able to speak with the person who received the service? (Indicate your response with an X)

yes		no	
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If **no**, please provide the reason why:

## Section 3: 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 person giving consent) give permission to (insert name of person receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:	
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## 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 compliment, complaint or feedback

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

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

Have you discussed your experience with the service provider or another agency or person for assistance with your feedback? (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, compliment or complaint?

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## Section 8: Privacy

ECH is committed to protecting your privacy. We collect and handle personal information that you provide on this form for the purpose of investigating and responding.

ECH will only use your information in accordance with relevant privacy and other laws. In order for us to provide a response to you effectively and efficiently, we may need to share your personal information with others, such as the person involved that deals with the matters identified in your feedback or the Committee of Management

If you choose to remain anonymous, ECH may be unable to deliver the full range of services you are seeking.

If you wish to contact ECH who are responsible for managing the personal information that you provide on this form, please call 5968 3881.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*.

## Section 9: Declaration

I make this declaration of truth that the contents of my feedback are true and correct to the best of my knowledge and belief.

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