Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **This is a:** | compliment |  | complaint |  | feedback |  |

# Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

## Personal details

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Postal address: |  |
| Telephone number: |  |
| Mobile number: |  |
| Email address: |  |

# Section 2: Please provide details of the service that the feedback concerns

|  |  |
| --- | --- |
| Name of the speech pathologist: |  |
| Address of location of service: |  |

# Section 3: Please state your concerns

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

|  |
| --- |
|  |

# Section 4: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the speech pathologist or another agency or person for assistance with these concerns? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

If **yes**, with whom and what was the outcome?

|  |
| --- |
|  |

# Section 5: What outcomes would you like as a result of providing your feedback?

|  |
| --- |
|  |

# Section 6: Privacy

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

Better Start Education Services will only use your information in accordance with relevant privacy and other laws.

If you choose to remain anonymous, Better Start Education Services may be unable to deliver the full range of services you require.

If you wish to contact Melanie Porter who is responsible for managing the personal information that you provide on this form, please call 0421 452 330.

# Section 7: Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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