ASTERIA SERVICES

Feedback Form

Office Use Only

Register No. _____

☐ Customer	☐ Carer/ Family member	☐ Staff	☐ Other:
Today's Date:			
Name of person providing feedback:			
Name of person completing form: (if different)			

☐ **Compliment**	☐ **Complaint**

Feedback will be provided for a complaint. Please ensure that all times, dates, people involved and issues are documented, to ensure an investigation can be undertaken to resolve the problem.

How would you like to be informed about action that has been taken?	
☐ No response required	☐ Meeting
☐ Phone Call	☐ Letter / Email

Please provide relevant contact details:	
Phone number:	
Email address:	
Postal address:	

Please list your feedback below. If additional space is required, please attach another sheet.

Please post this form to:	ASTERIA Services, PO Box 5, Maryborough 3465
Or, hand-deliver to:	20 Christian Street, Maryborough 3465

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Register No. _____

Office use only:			
Indicate the area the feedback relates to:			
□ Administration		□ Customer Service/Intake	
□ Business Services		□ Out of Home Care	
□ Community Options & Living		□ Support Coordination	
□ Isabella Warton Place		□ Container Deposit Scheme	
Acknowledged via:			
☐ Meeting	☐ Phone contact	☐ Letter	☐ Email
Date of acknowledgement:			
Referred to for investigation:			
Actions completed for complaint:			
CI/CA number (if applicable):			
External parties complaint raised with:			
☐ DFFH	☐ NDIS Quality Safeguards Commission	☐ DSC	☐ Other: _____

DFFH: Department of Families, Fairness and Housing; NDIS: National Disability Insurance Scheme; DSC: Disability Services Commissioner.

Date complaint raised with external party (if applicable):	

Closing Date for Complaint:	