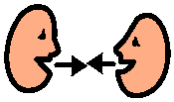
ASTERIA SERVICES

Feedback Form



Office Use Only

Register No. _____

ASTERIA likes to hear if you:	Please tick: 
 are happy?	☐
or	
 are unhappy with the organisation?	☐

Then we can fix the problem and make you happier.

Your name:

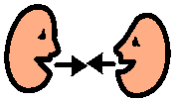
Today's date:

Did someone help you fill in this form?

Name (of person who helped):

ASTERIA SERVICES

Feedback Form



Office Use Only

Register No. _____

Where did it happen?

Write down your feedback.

Please post this form to:

ASTERIA Services Inc.

PO Box 5, Maryborough 3465

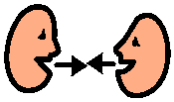
or

Hand-deliver to:

20 Christian Street, Maryborough 3465

ASTERIA SERVICES

Feedback Form



Office Use Only

Register No. _____

How would you like to be informed about action that has been taken?

Don't need a response: ☐

Phone Call: ☐

Meeting: ☐

Letter: ☐

Email: ☐

What are your contact details?

Phone number:

Email address:

Postal address:

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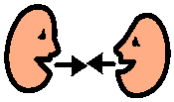

Office Use Only

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

Acknowledged via:

☐ Meeting	☐ Phone contact	☐ Letter	☐ Email

Date of acknowledgement:	
Referred to (for investigation):	

Actions completed for complaint:

Date report submitted to NDIS Quality and Safeguards Commission Portal (if applicable):	
CI/CA number (if applicable):	

External parties complaint raised with:

☐ DHHS	☐ DSS	☐ ODSC	☐ Other:

DHHS: Department of Health and Human Services
DSS: Department of Social Services
ODSC: Disability Services Commissioner.

Closing Date for Complaint:	