



Complaint and Feedback Form

Office Use Only

Register No. _____

ASTERIA Services is a registered NDIS provider. This means that you have the right to give us feedback, including complaints, about our services and supports at any time.

To give us feedback or make a complaint, you can complete this form, or if you prefer you can:

- Talk to us face-to-face
- Call us on the phone
- Send us an email
- Send us a text message

To protect your privacy, we do not recommend using social media like Facebook, Twitter or Instagram to make a complaint. However if you make a complaint this way, we will still treat it as a complaint.

<input type="checkbox"/> Customer	<input type="checkbox"/> Carer/Family member	<input type="checkbox"/> Staff	<input type="checkbox"/> Other:
Today's Date:/...../.....		
Name of person providing feedback:	_____		
Name of person completing form, if different:	_____		

<input type="checkbox"/> Compliment	<input type="checkbox"/> Complaint
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Feedback will be provided for a complaint. Please ensure that all times, dates, people involved and issues are documented so an investigation can be undertaken to resolve the problem.

How would you like to be informed about action that has been taken?	
<input type="checkbox"/> No response required	<input type="checkbox"/> Meeting
<input type="checkbox"/> Phone Call	<input type="checkbox"/> Letter/Email
Please provide relevant contact details:	
Phone number:	_____
Email address:	_____
Postal address:	_____



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<p>Please list your feedback below.</p> <p>If additional space is required, please attach another sheet. You can also attach other documents that you would like to share about your complaint.</p>

Please post this form to:	ASTERIA Services Inc., PO Box 5, Maryborough 3465
Or hand-deliver to:	20 Christian Street, Maryborough 3465
Or email it to:	asteria@asteria.net.au
Or put it in a red feedback box at one of these locations:	<ul style="list-style-type: none"> • 20 Christian Street Maryborough – Administration building or Community Options and Living building • 64-68 Nelson Street Maryborough • Lowndes Street Kennington

Office use only:

Indicate the area the feedback relates to:				
<input type="checkbox"/> Administration				<input type="checkbox"/> Customer Service/Intake
<input type="checkbox"/> Business Services				<input type="checkbox"/> Out of Home Care
<input type="checkbox"/> Community Options & Living				<input type="checkbox"/> Support Coordination
Acknowledged via:	<input type="checkbox"/> Meeting	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> Email
Date of acknowledgement:/...../.....			
Referred to (Officer) for investigation				
Actions completed for complaint:				
Date report to NDIS Commissioner submitted (if applicable):				
CI/CA number (if applicable):				
External parties complaint raised with:	<input type="checkbox"/> NDIS	<input type="checkbox"/> DHHS	<input type="checkbox"/> Other: _____	

Closing Date for Complaint:/...../.....
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