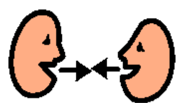
# Feedback Form



**Office Use Only**

Register No. ________

| **ASTERIA likes to hear if you:** | Please tick: |
|---|---|
| are happy? | ☐ |
| or | |
| would like to make a comment? | ☐ |
| or | |
| are unhappy with the organisation? | ☐ |

Then we can fix the problem and make you happier.

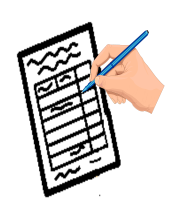
Your name:

Today's date:

Did someone help you fill in this form?

Name (of person who helped):

Where did it happen?



Write down your feedback.

**Please post this form to:**

ASTERIA Services Inc.

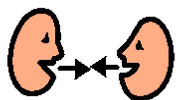
PO Box 5, Maryborough 3465

**or**

**Hand-deliver to:**

20 Christian Street, Maryborough 3465

# 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:

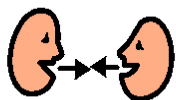
Email address:

Postal address:



**Printed on** 2/08/2018 – **Document Name:** ORGF0024 Feedback Form – easy English
**File Name Dknet:** ORGF0024 Feedback Form - easy English

# Feedback Form



**Office Use Only**

| Register No. __________ |
|---|

## Office use only:

| **Indicate the area the feedback relates to:** | | | | |
|---|---|---|---|---|
| ☐ Administration | ☐ Community Options and Living | ☐ Out of Home Care | ☐ Business Services | ☐ Customer Service / Intake |

| **Acknowledged via:** | | | |
|---|---|---|---|
| ☐ Meeting | ☐ Phone contact | ☐ Letter | ☐ Email |

| | |
|---|---|
| **Date of acknowledgement:** | |
| **Referred to (for investigation):** | |

| **Actions completed for complaint:** |
|---|
| |

| | |
|---|---|
| **Date CIMS report submitted** (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:** | |
|---|---|