Feedback Form

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| To help us to improve the quality of our services, or to let us know what we are doing well, please complete this form and send it to:Hills Neurological RehabilitationPO Box 121 Darlington WA 6070OR email is to caren@hillsneurorehab.com.auOR hand it to us in person |

Please tick whichever applies:

* **Complaint**
* **Compliment**
* **Suggestion**

**Your Details** (optional)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please describe your concern or recommendation here. |
| Name of staff member (if applicable) |  |
| Date of occurrence (if applicable) |  |
| Have you previously contacted us about this issue? Yes / No | Details |
| What outcome are you seeking? |

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| We will endeavour to respond to your feedback within 3 working days, and communicate any investigations which may need to take place, and the expected timeframe.Any action taken will be provided to you in writing.If you are not satisfied with the way that we handle your feedback, you may escalate your complaint in the following ways:* to the Disability Consumer Liaison Officer 61678333 or 1800998214 or clo@dsc.wa.gov.au
* HaDSCO (Health and Disability Services Complaints Office on 65517600 or 1800813583 or mail@hadsco.wa.gov.au
* WA Ombudsman on 2207555 or 1800 117 000 or mail@ombudsman.wa.gov.au
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Office Use: Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_