

COMPLAINTS, COMPLIMENTS AND FEEDBACK FORM

Please fill out the below form providing as much detail as you can to enable us to respond to you.

Please also be aware that by filling out our form we will protect your privacy and your personal details. You can read our Privacy Policy by requesting a copy to be sent to you.

I would like to (Please tick)

Provide a compliment	<input type="checkbox"/>
Make a complaint	<input type="checkbox"/>
Provide feedback	<input type="checkbox"/>
Have my compliment/complaint/feedback kept anonymous	<input type="checkbox"/>

I would like a response (Please select one)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>



Details of my compliment, complaint or feedback

If you are making a complaint please describe the event(s) that you want to complain about. We need to know what you say & happened, where it happened and who was involved. Please give us all the dates and other details that you can remember.

Personal details

If you would like us to contact you to discuss your comments, please provide your contact details below. If you have checked the box to stay anonymous but would like a response, please complete your details below. Please be assured we will not pass on your details to the specific service/area/clinician the feedback relates to.

Title	
Surname	
First name	



P 02 4952 3856
M 0478 755 833
www.littlestarspeechtherapy.com.au
Suite 4, 119-125 Beaumont Street
Hamilton, NSW 2303 Australia



Address details

Line 1	
Line 2	
Suburb or town	
State	
Postcode	

Contact details

Telephone or mobile number	
Email	

Preferred time of contact

Morning	
Afternoon	
Outside work hours	



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My preferred method of response is

By post	<input type="checkbox"/>
Email	<input type="checkbox"/>
Telephone	<input type="checkbox"/>
Mobile	<input type="checkbox"/>

Primary language spoken

English	<input type="checkbox"/>
Other	<input type="checkbox"/>

Other – Please specify

Is an interpreter required?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Do you have any special needs – please specify?

VERSION:	1
TITLE OF AUTHOR:	Director
NAME OF RESPONSIBLE DIRECTOR:	Dr Sarita Hamall
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