



When Complete, Forward to: **MDAS Quality and Governance Manager**
Or place in suggestion box in front reception

**PO Box 5134
Mildura VIC 3502
03 5018 4100**

FEEDBACK (Compliments & Complaints)

Person Providing Feedback	
Full Name	
Date of Birth	
Postal Address	
Email Address	
Telephone Number	
Mobile Number	
Date Feedback Provided	
Do you wish to remain Anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to be contacted with a response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you lodging feedback on behalf of someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are lodging on behalf of someone else what is your relationship to this person?	<input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Partner <input type="checkbox"/> Legal representative` <input type="checkbox"/> Other
Do you consent to MDAS accessing your medical records for investigation purposes? <i>(If Applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indigenous Status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither
Nature of Feedback <i>(please tick applicable box)</i>	<input type="checkbox"/> Compliment <input type="checkbox"/> Comment <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____
Details	



MDAS Program/Service Involved	
Location of Program/Service	
Date of Incident	
Staff members present/Involved Other witnesses/People Present	
Details of Incident (Please ensure you remain factual. If you require more space, please attach additional pages to this form).	
What would you like to see happen as a result of raising these concerns?	<input type="checkbox"/> Apology to be provided <input type="checkbox"/> To receive a thorough explanation <input type="checkbox"/> A change in practice as a result of your complaint <input type="checkbox"/> Improved access to service or resources for myself or others. <input type="checkbox"/> Your concerns are formally registered <input type="checkbox"/> MDAS undertake a review of its policy <input type="checkbox"/> Intervention or training occurs with staff
Have you lodged your complaint with another organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
please give details of any outcome to date:	



<p><i>I hereby confirm that the information provided on this form is, to the best of my knowledge, a true and correct account of events that occurred in relation to the incident I am raising in my feedback.</i></p> <p>Signature:</p> <p>Date:</p> <p>If you had help completing this form, please record the name of the person who assisted you.</p> <p>Name :</p> <p>Phone:</p>	