

Feedback and Complaints Form

This form is to assist you in providing feedback or making a complaint to NeuroPhysiotherapy Services.

We encourage you to make a complaint in writing. Please allow a maximum of ten (10) days for a response. We aim to resolve complaints within 21 days where possible.

All information is strictly confidential.

Feedback Type

☐ Positive ☐ Negative / Complaint / Improvement Required

Personal Details

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name:	Mr/Mrs/Miss/Ms/Mx		
Postal Address:		Postcode:	
Email:		Mobile:	

Is there someone else (representative, support person, advocate) that you would like Inv making this feedback / complaint? If you do - please provide their details below.

Name:	Mr/Mrs/Miss/Ms/Mx		
Postal Address:		Postcode:	
Email:		Mobile:	

Details of the Feedback / Complaint	
What the feedback / complaint is related to:	<input type="checkbox"/> Staff or Volunteer <input type="checkbox"/> Service Delivery <input type="checkbox"/> Product or Facilities <input type="checkbox"/> Other
What happened (please include date and who was involved):	
Have you discussed the matter with the person/s involved?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , what was the outcome, if any? Please attach a copy (not the original) of your feedback /complaint to the respondent and any letter of reply you have received. If no , is there any reason/s that you cannot do so? Do you need help to do this? e.g. for safety reasons, cultural reasons	
How would you like to see your complaint resolved? What action would you like NeuroPhysiotherapy Services to take to resolve your complaint?	

Additional Information/Supporting Documentation

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the feedback/complaint.

Please sign and date this form.

Signature: _____

Date: _____