

Feedback, Appeals and Complaints Form



Date: _____

Name of person offering feedback: _____

Please provide contact details if a response is desired:

Address: _____

Telephone number: _____ Best time to contact: _____

Relationship to Access Australia Group:

- | | | | |
|--------------------------------------------|---------------------------------------|--------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Client | <input type="checkbox"/> Commercial customer | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Jobseeker | <input type="checkbox"/> Organisation | <input type="checkbox"/> Parent / Legal guardian | <input type="checkbox"/> Potential client |
| <input type="checkbox"/> Potential student | <input type="checkbox"/> Student | <input type="checkbox"/> Other (please specify): _____ | |

Outline your feedback or complaint: _____

Outcome you are seeking: _____

Please direct completed form to (circle relevant person): Chief Executive Officer; Executive Manager - Corporate Services; Executive Manager - NDIS, Executive Manager - Access Skills Training.

Signature of person making feedback: _____ Date: _____

Office use only – for complaints and appeals only

Date received: _____ Received by (name and signature): _____

Is debriefing required? Yes ☐ No ☐ If yes with whom? _____

Action taken by manager: _____

Date resolved: _____

Signature of complainant / appellant: _____ Date: _____

Manager's signature: _____ Date: _____