



FEEDBACK FORM – ALL SCC SERVICES

**Privacy Policy:**

Any time you complete a feedback form you will be required to provide your name and contact details. Whether submitting on your own behalf or on behalf of another individual you will be required to provide this information. Personal details will be kept confidential unless – in specific cases – you otherwise direct or grant permission for its release. Personal information will not be shared with a third party unless it is lawfully requested or there is an immediate risk to one or more individuals. Please see SCC’s Privacy and Confidentiality Policy and Guidelines for additional information.

Date of occurrence			Site	
Name of person providing feedback			Feedback ID	
Contact Details	Phone		Mobile	
Email				

Please indicate below the area that this feedback relates to:

Form of Feedback (please tick one box)

Complaint <input type="checkbox"/>	Compliment <input type="checkbox"/>	Suggestion <input type="checkbox"/>
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Topic: (please tick one box)

Clinical <input type="checkbox"/>	Environment <input type="checkbox"/>	Food <input type="checkbox"/>	Customer Service <input type="checkbox"/>
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Feedback received from: (please tick one box)

Consumer <input type="checkbox"/>	Family/Representative <input type="checkbox"/>	Staff <input type="checkbox"/>	Other <input type="checkbox"/>
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Feedback Details:

Specific location (if applicable):

Date of incident (if applicable):

Time of incident (if applicable):

Method of Feedback: Email Letter Form In Person Telephone

Has this been reported to Person In-Charge? Yes No

Name of person reported to:

Date:

Thank you for your feedback which is important for us to maintain and improve our services. For those who are completing the form, please lodge with reception or place in the “Suggestion” box available on the site. Please refer to the information over the page in relation to how we will respond to your feedback.

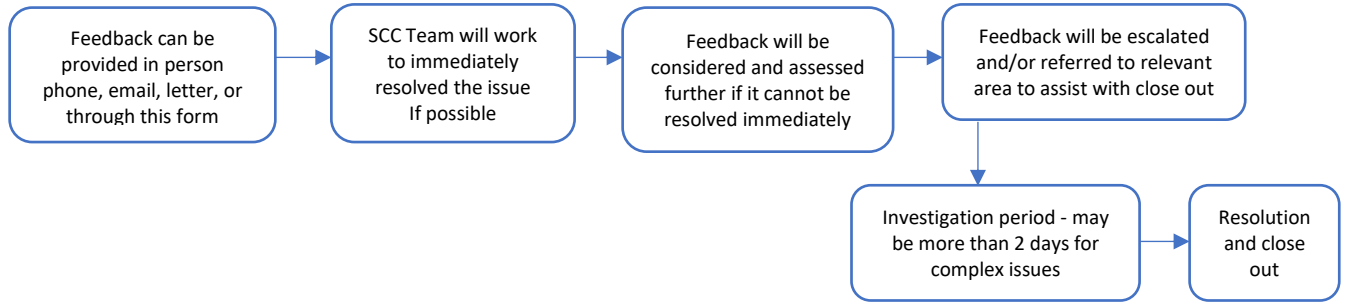
To be completed by person providing feedback



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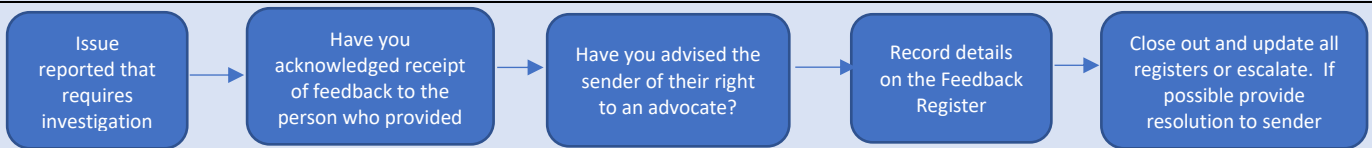


Information for person completing form:



Every effort will be made to acknowledge your feedback within 2 days and to work to resolve the issue within 7 days.

Information for Supervisor/Manager



All feedback including complaints are treated with courtesy and understanding, and there will be an assurance that the matter will be handled promptly and confidentially.

Should a consumer, their representative, employee or member of the public make a complaint relating to the welfare, care or safety of a consumer and/or staff member, they will be informed there will be no reprisals or loss of service. Any feedback that poses a potential risk, will immediately be required to follow SCC's Risk Management Framework to assess and respond to the risk identified.

If making a complaint, remind the person they have the right to use an advocate of their choice and refer them to appropriate consumer advocacy services or any other relevant advocate. For feedback related to consumers, follow SCC's Consumer Incident Reporting Framework.

When feedback is received in writing, the sender should be contacted immediately by telephone if possible, on the day the information is received by the appropriate Manager to acknowledge receipt. Explain the feedback procedure.

If a satisfactory solution is not reached within seven (7) days, the Supervisor/Immediate Manager will be informed of the details and actions taken.

Initial Investigation/Action Taken

Additional Documents Completed: Hazard Form Risk Assessment Form CI Register

Date feedback provided		Date entered to register	
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To be completed by Supervisor/Manager