COMPLAINTS AND FEEDBACK FORM

MELVILLE ASSIST

BY COMPLETING THIS FORM - PARTS YOU DEEM RELEVANT
This form can be emailed, posted or delivered to our office - 245a Marmion Street, Palmyra, WA, 6157

You have the right to complete this form anonymously					
DATE:			GOOD	AVERAGE	POOR
CLIENT:					
ADDRESS:					
CONTACT NUMBER:					
EMAIL ADDRESS:					
NAME OF CARE PROVIDER:					
SPECIFIC AREA	Bed, Kitchen, Bath, Lawn etc	Complement - Comment - Issue			
ROOM 1:			1	2	3
ROOM 2:			1	2	3
BATHROOM:			1	2	3
LIVING AREA:			1	2	3
KITCHEN:			1	2	3
EXTERNAL AREA 1:			1	2	3
EXTERNAL AREA 2:			1	2	3
			1	2	3
CARE PROVIDER:	Friendly - Tired - Unfriendly		1	2	3
CARE PROVIDER:	Made me feel Unsafe - Uncomfortable		1	2	3
ARRIVED ON TIME:			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3

NEW CLIENT/SITE INPECTION
REVIEW CONDUCTED BY:
INVESTIGATION REQUIRED/CONDUCTED BY:

OVERVIEW					
OUR ACTION	Scores based on 10 items raised as per the above table.				
Continue with self-management	GOOD 1 - 10	Provide feedback to our staff and continue to inprove the delivery of our services			
Discuss work activities with Line Manager	AVERAGE 11 - 20	Where possible consulation with participant and employee to develop a more in depth understanding of the issues. Put actions inplace to reduce the risk of reoccurance of issues.			
Report to Manager immediately	POOR 21 - 30	Immediate actions required to establish the wellbeing of the participant. Investigate concerns and take appropriate actions to maintain support provided and welbeing of employees			