

selectability

feedback form

At selectability we welcome any feedback you may have regarding how we can improve our service delivery. We want you to feel confident that your voice will be heard with any aspect of our service and that our organisation will manage your feedback properly and quickly.

Type of feedback you wish to provide

☐ Feedback ☐ Complaint ☐ Compliment

Section 1: Details of your feedback:

Please provide details below, including what events led to making the feedback, approximate dates and who was involved:

If you are happy to provide your details please complete the below:

Your Name:

Your Address:

Your Home Telephone Number:

Your Work Telephone Number:

Your Mobile Number:

Your Email Address:

Section 2: What action have you already taken in relation to this feedback?

Have you previously discussed your concerns/feedback with selectability or another agency or person for assistance with these concerns?

☐ Yes

☐ No

If yes, with whom and what was the outcome?

Section 3: Privacy

selectability is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

selectability will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others that deals with the matters identified in your feedback.

If you choose to remain anonymous, selectability may be unable to deliver the full range of services you require.

If you wish to contact selectability who is responsible for managing the personal information that you provide on this form, please call (07) 4724 6800.

All feedback received is registered. The Improvements Register will keep a record of the feedback and the actions taken to resolve the issue as well as any actions required to be implemented.

Selectability Quality Office Use Only

Date Received: _____

Received By: _____

Date Registered: _____

Complaint Number: _____

Thank you for taking the time to provide this feedback.

Please return your completed form to:

Email: feedback@selectability.com.au

Hand-deliver: Quality Officer 66-68 Charles Street, Aitkenvale, Townsville

**For external advice/assistance
contact: Independent Advocacy
Townsville Free Call: 1800 887 688
Email: reception@iat.org.au**