SMM

SUPPORT
COORDINATION

FEEDBACK AND COMPLAINTS FORM - SMM SUPPORT COORDINATION

Provider of Coordination Services: Sharon MacKinney, SMM Support Coordination

Participant / Client Information

Name:	
Contact Information:	
NDIS / Aged Care No.	

Feedback or Complaint (Please describe your feedback or complaint in detail)

f you are reporting an incident / complaint, please detail as accurately as possible.

Date and Time of Incident

Date:		Time:	

Witnesses (Please provide the names of any witnesses to the incident, if applicable)

Outcome (Please describe the outcome you would like to see as a result of your feedback or complaint)

ADDITIONAL COMMENTS

Privacy Statement

We take your privacy seriously. The information you provide on this form will be used to investigate your feedback or complaint and improve our services. Your information will be stored securely and will only be shared with individuals who need to know in order to investigate your feedback or complaint. By submitting this form, you consent to the use of your information as described above.

Acknowledgment

I certify that the information I have provided on this form is truthful and accurate to the best of my knowledge.

Signature:		Date:	

Please return this form to SMM Support Coordination or email it to **feedback@smmsupportcoordination.com.au**

Thank you for taking the time to provide your feedback or complaint. We take all feedback and complaints seriously and will respond to the relevant decision maker within two (2) business days.