

Feedback and Complaint form

ACT Mental Health Consumer Network Inc. is committed to providing high quality programs and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services, or where you have concerns about another mental health related service in the ACT.

Indicate your response below with an X.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **This is a:** | compliment |  | complaint |  | feedback |  |

# Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

## Personal details

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Postal address: |  |
| Phone number: |  |
| Email address: |  |

Do you require an interpreter?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| yes |  | no |  | If **yes**, which language? |  |

Are you providing feedback on another person’s behalf? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| no (go to Section 4) |  | yes |  |

# Section 2: Feedback made on another person’s behalf

Please provide the following details about the person on whose behalf you are acting:

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Postal address: |  |
| Telephone number: |  |
| Mobile number: |  |
| Email address: |  |

**Please provide details of your relationship to the person on whose behalf you are acting:**

Are you a legal representative for the person who received the service?   
(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

If **yes**, please provide details:

|  |
| --- |
|  |

Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

If **no**, please provide the reason why:

|  |
| --- |
|  |

Are we able to speak with the person who received the service? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

If **no**, please provide the reason why:

|  |
| --- |
|  |

# Section 3: Other person’s consent for feedback made on their behalf

If you are providing this feedback on another person’s behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g. signed consent (as provided below) from the person on whose behalf you are acting.

I, [insert name of person giving consent] give permission to [insert name of person receiving consent] to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

# Section 4: Please provide details of the service that the feedback concerns

|  |  |
| --- | --- |
| Name of the organisation/service: |  |
| Location of organisation/service: |  |
| Contact person’s name and position in the organisation/service: |  |

# Section 5: Please state your compliments, concerns and/or feedback

Please provide details, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

|  |
| --- |
|  |

# Section 6: What action have you already taken in relation to this matter?

Have you discussed your concerns with the organisation/service or another agency or person for assistance with these concerns e.g. ADACAS? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

If **yes**, with whom and what was the outcome?

|  |
| --- |
|  |

# Section 7: What outcomes would you like as a result of providing your feedback?

|  |
| --- |
|  |

# Section 8: Privacy

ACT Mental Health Consumer Network 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.

The Network will only use your information in accordance with relevant privacy and other laws, including our Privacy and Confidentiality, Feedback and Complaints and other related policies, in order for us to provide and advocate for improved programs, services and other supports effectively and efficiently.

If you choose to remain anonymous, the Network may be unable to deliver the full range of outcomes you would like to occur.

If you wish to contact the Executive Officer, who is responsible for managing the personal information that you provide on this form, please call 02 6230 5796. Email [executive@actmhcn.org.au](mailto:executive@actmhcn.org.au) or Drop-In Monday-Friday between 11am-1pm at Level 1, Room 11 Griffin Centre, 20 Genge Street, Canberra.

You also have the right to access your information and seek its correction under the Freedom of Information Act 2016 (ACT). Due to the limited nature of information we retain, in most cases we do not require you to make an application under the Act provided you can show identification. Cases in which an application must be made include but are not limited to instances where releasing information or allowing changes to be made may place another vulnerable person at risk.

# Section 9: Declaration

I declare that the information I have provided on this form is true and correct, to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Thank you for taking the time to provide feedback about our organisation, or** another mental health related service in the ACT**.**