



Title: Customer Feedback/ Complaint Form

No:

Authorised By:

Issue Date:

Last Reviewed: N/A

Next Review Date:

CENTRAL OFFICE USE ONLY

Page Number: 1 of 1

This form is to be completed with reference to the **Feedback and Complaints chapter of the Quality Manual**

1. Type of feedback : Complaint <input type="checkbox"/> Compliment <input type="checkbox"/> Feedback <input type="checkbox"/>	
Date:	
Workplace:	

2. Persons Involved in the matter	
Position	Name
Name of person completing form:	
Workplace Manager:	
Consent of carer/family member	
	Signed: _____ Date: _____
Attendance at meeting by:	
	Signed: _____ Date: _____
The contact person at DAPA nominated by the Participant, the Carer or Family member is:	

Nature of matter – description of feedback

3. Action taken

4. Feedback to the originator or initiator
Notes: