



IntroConnect

A.J Introna & E.K Introna

ABN: 26 407 712 745

support@introconnect.com.au

IntroConnect is committed to providing high quality services 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.

This is a Compliment Complaint Feedback

Do you want to remain anonymous? Yes No (please provide details below)

Person Submitting Feedback or Complaint: _____

Do you require an interpreter? Yes/No If yes, which language: _____

Are you providing feedback on another persons behalf Yes No

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

Name:

Best contact method/details:

Does this person know you are providing feedback on their behalf Yes/No

If no, please outline why?

Are we able to speak with the person who received the service Yes No

If no, please outline why?

Other persons 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. Eg by signed consent from the person on whose behalf you are acting.

I, _____ give permission for IntroConnect to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback as necessary.

Signature:

Date:

State your concerns – please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

What outcomes would you like as a result of providing your feedback?

Thankyou for taking the time to provide feedback about our service. Your feedback will be handled according to our Feedback and Complaints Policy that is freely available on the website and by request.

Office Use Only:

Initial each task once completed & attach copies of each new document.

- Details of Feedback/Complaint/Compliment added to Complaints Register? Y/N
- Details of Feedback/Complaint/Compliment added to agenda for Bi-Monthly Meeting Y/N
- Details of Feedback/Complaint/Compliment added to agenda for 6 monthly Review Meeting?
Y/N
- Does the issue raised on this form, require initiation of the Critical Incident Process?
Y/N
 - If Yes, initiate process with standard form
 - If Yes, log in the Critical Incident Register
 - If Yes, add to agenda for 6 monthly Review Meeting
- Does the issue raised on this form, require initiation of the Continuous Improvement Process?
Y/N
 - If Yes, initiate process with standard form
 - If Yes, log in the Continuous Improvement Register
 - If Yes, add to agenda for 6 monthly Review Meeting