



# Njernda Aboriginal Corporation

## Feedback and complaint form

If you need to report an accident or incident, please do so using Njernda's Incident Report Form which is located on the intranet.

Njernda Aboriginal Corporation is committed to providing high quality care and services and meeting client needs. We value your feedback including complaints.

Please use this form if you would like to provide feedback or a complaint in relation to:

1. Services provided by Njernda Aboriginal Corporation or onsite; or
2. Behaviour or actions of Njernda Aboriginal Corporation Board members, CEO, staff members or contractors.

Indicate your response below with an X.

<b>This is:</b>	Feedback	<input type="checkbox"/>	A Complaint	<input type="checkbox"/>	A Compliment	<input type="checkbox"/>
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### Section 1: Your details

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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#### Personal details

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Email address:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Postal address:	<input type="text"/>

Do you require an interpreter?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If <b>Yes</b> , which language?	<input type="text"/>
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Are you providing feedback on another person's behalf? (Indicate your response with an X)

No (go to Section 4)	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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## Section 2: Feedback made on another person's behalf

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

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

**Please provide details of your relationship to the person you are acting on behalf of.** 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	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **Yes**, please provide details:

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **No**, please provide the reason why:

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **No**, please tell us the reason why:

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

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If you are providing this feedback on another person's behalf, we need the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide the signed consent 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 feedback or complaint, as necessary.

Signature:		Date:	
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### **Section 4: Please provide details of the service that the feedback or complaint is about**

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Name of the unit or program within Njernda Aboriginal Corporation:	
Contact person's name:	

### **Section 5: Please state your concerns**

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Please provide details of your main concerns, including what led you to making the feedback or complaint, approximate dates and who was involved.

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**Section 6: What action have you already taken in relation to this feedback or complaint?**

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Have you already discussed your feedback or concerns with staff at Njernda Aboriginal Corporation or another agency or person? (Indicate your response with an X)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **Yes**, who did you talk to and what was the outcome?

## **Section 7: What outcomes would you like to see because of providing your feedback or complaint?**

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## **Section 8: Privacy**

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Njernda Aboriginal Corporation is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for investigation and responds. Njernda Aboriginal Corporation will only use your information in accordance with relevant privacy and other laws. For us to provide services to you effectively and efficiently, we may need to share your personal information with others.

If you choose to remain anonymous, Njernda Aboriginal Corporation may be unable to fully complete or respond to your feedback or concerns.

## **Section 9: Declaration**

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I declare that the information provided in this form is true and correct and consent to information being shared.

Signature:		Date:	
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**Thank you for taking the time to provide feedback. Please hand this completed form to a Njernda Manager, staff member, or email it to [judithm@njernda.com.au](mailto:judithm@njernda.com.au). You can expect a confirmation of receipt within 7 days (this may take longer if posting correspondence).**