

Phone: 1300 350 051

Email: info@treasureandcareservices.com.au

ABN: 85629811290

Website: treasureandcareservices.com.au

Feedback and complaints

The Participant has the right to raise any kind of complaints or concerns in the unfortunate event of any incident occurring that did not meet the expectations of care. A formal investigation will commence once we receive a complaint or concern.

Please feel free to contact us:

Phone: 1300 350 051

Email: Info@treasureandcareservices.com.au

Website: www.treasureandcareservices.com.au

Also, 'Complaints Management Form' that is provided in this 'Participant handbook' can be completed.

If you have a concern or complaint about the quality or safety of services provided, you can also make a complaint to the [NDIS Commission](#).

More information

- How to make a complaint;
 - <https://www.ndiscommission.gov.au/document/806>
- Make a complaint (Complaint Contact Form);
 - <https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF>
- NDIS Complaints Management and Resolution; Rules 2018
 - <https://www.legislation.gov.au/Details/F2018L00634>
- How to make a complaint about a provider
 - <https://www.ndiscommission.gov.au/about/complaints>
- NDIS Complaints management
 - <https://www.ndiscommission.gov.au/providers/complaints-management>



TREASURE & CARE SERVICES

Psychological and Therapeutic Services

Phone: 1300 350 051

Email: info@treasureandcareservices.com.au

ABN: 85629811290

Website: treasureandcareservices.com.au

Feedback and Complaints Management Form

This form is to assist you in providing feedback or making a complaint to Treasure & Care Services.

We encourage you to make a complaint in writing. Please allow a maximum of (28) days for a response. We aim to resolve complaints within 28 days where possible.

All information is strictly confidential.

Is the feedback positive feedback or negative feedback / complaint?

Positive	<input type="checkbox"/>	Negative / complaint / improvement required	<input type="checkbox"/>
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Personal details

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name:	Mr/Mrs/Miss/Ms		
Postal Address:		Postcode:	
Email:		Mobile:	

Is there someone else (representative, support person, advocate) that you would like Involve making this feedback / complaint?

If you do - please provide their details below.

Name:	Mr/Mrs/Miss/Ms		
Postal Address:		Postcode:	



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Email:		Mobile:	
Details of the feedback / complaint			
What is the feedback / Complaint related to:		<input type="checkbox"/> Staff or Volunteer <input type="checkbox"/> Service Delivery <input type="checkbox"/> Product or Facilities <input type="checkbox"/> Other	
What happened (please include date and who was involved):			
Have you discussed the matter with the person/s involved?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what was the outcome, if any? Please attach a copy (not the original) of your feedback /complaint to the respondent and any letter of reply you have received.			
If no , is there any reason/s that you cannot do so? Do you need help to do this? e.g. for safety reasons, cultural reasons			
How would you like to see your complaint resolved?			
What action would you like HHSS to take to resolve your complaint?			

Additional information/supporting documentation

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the feedback/complaint. Please sign and date this form.

Signature: _____ Date: _____