

**COMPLIMENTS, COMPLAINTS AND FEEDBACK FORM  
UNITED**

<b>When</b>	<b>Date :</b> /        /	
<b>What</b>	<input type="checkbox"/> Complaint <input type="checkbox"/> Compliment <input type="checkbox"/> Feedback	
<b>Who</b>	<p><b>Reported by:</b> (Please note: You do not have to tell us your name and contact details. However, without this information we will not be able to tell you about the action we have taken in your suggestion)</p> <p>Full Name:</p> <p>Telephone number:</p> <p>Email:</p> <p>Address:</p>	<input type="checkbox"/> Cliente <input type="checkbox"/> Family Member <input type="checkbox"/> Representative <input type="checkbox"/> Staff Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Staff Member on behalf of a care recipient <input type="checkbox"/> Other (please specify)
<b>Where</b>	Site / Program :	
<b>Please tell us about your issue or concern or feedback (include dates)</b>		

<p><b>Pls tell us the solution you would like to see</b></p>	<p>Thank you for helping us to improve our services!</p>
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**ACTIONS FOR COMPLIMENTS, COMPLAINTS AND FEEDBACK**

**(Staff Use Only)**

<b>Reported to:</b>	<b>Date reported:</b>
<b>Describe the action taken (include dates):</b>	
<b>Describe outcome (include dates):</b>	
<b>Note further action required (if applicable)</b>	
<b>Date:</b>	<b>Person authorising:</b>
<b>Review due date:</b>	
<b>Date the client was informed of action(s) taken:</b>	
<b>Date Complaint recorded in Complaints Register:</b>	<b>By whom:</b>
<b>Date Compliment/Feedback recorded in Continuous Quality Improvement Register:</b>	<b>By whom:</b>