



Compliments, Complaints & Feedback Form

Introduction

STAR Victoria (**STAR**) is committed to providing high quality advocacy support and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our work.

This is a: [Indicate your response below with an X]

compliment complaint feedback

Section 1: Your Details

Do you want to remain anonymous? [Indicate your response with an X]

yes no

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

Do you require an interpreter?

yes no

If **yes**, which language?

Are you providing feedback on another person's behalf? [Indicate your response with an X]

yes no [Go to section 4]

Section 2: I'm submitting this on behalf of someone else

Please provide the following details about the person you are doing this for:

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

Please tell us about your relationship to the person you are doing this for:

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 no

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 no

If **no**, please tell us why:

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

yes no

If **no**, please tell us why:

Section 3: Consent by the other person for you to submit this on their behalf

If you are providing this feedback or making a complaint 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 evidence of this consent when submitting this form. This could be signed consent [as provided below] from the person on whose behalf you are acting, or an attachment giving you their permission to act for them.

I,

Name	<i>Print name of person giving consent</i>
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give permission to

Name	<i>Print name of person receiving consent</i>
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to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:	
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Section 4: What is your feedback, compliment or complaint about?

Please provide details of your main concerns, including what events happened that led you to make the complaint, compliment or feedback. Please also tell us some approximate dates and who was involved.

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Section 5: What have you already done about what happened?

Have you talked to anyone at STAR about your concerns, or another agency or person for assistance with these concerns? [Indicate your response with an X]

yes no

If **yes**, who did you talk to and what was the outcome?

Section 6: What would you like to happen now that you have told us about your issue?

Section 7: Your Privacy is important to us

STAR Victoria is committed to protecting your privacy. We collect and handle personal information that you provide on this form for the purpose of investigating and responding.

STAR will only use your information in accordance with relevant privacy and other laws. In order for us to provide advocacy support to you effectively and efficiently, we may need to share your personal information with others, such as government departments or other disability service providers that deals with the matters identified in your feedback.

If you choose to remain anonymous, STAR might be limited in what we can do with your feedback.

If you prefer to contact us about your personal information, including what you provide on this form, please call STAR on 03 9650 2730.

You also have the right to access your information and seek its correction under the *Freedom of Information Act 1982*. For information about making a Freedom of Information application contact STAR on 03 9650 2730.

Section 8: Declaration

I, [insert name of person submitting this form]

Name	<i>Print name</i>
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declare the information provided is true and correct.

Signature:		Date:	
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Thank you for taking the time to provide feedback about our work.

Related Documents

- Your Rights and Responsibilities policy
- Complaints policy

Last reviewed: 2022