

54 Mitchell St, Bendigo PO Box 432 Bendigo, 3552 Tel (03) 5444 4364 Freecall 1800 639 121 Fax (03) 5441 1033 Lcclc.org.au

Suggestions FormSee over page for Complaints form

For assistance with this form ask a staff member or phone (03) 5444 4364. Date _____/ _____/ ______ 1. Please give details of your suggestion/feedback: 2. Do you have any other suggestions for how we could improve our service? 3. If you would like us to contact you regarding your feedback, or let you know the outcome of your suggestion, please provide your name and contact details below. You do not have to provide your details if you don't want us to keep in touch with you about your feedback. Name: ______ Phone: _____ Address: 4. Handing in this form: a) post (see addresses above) c) Hand it to a staff member b) Drop it in to the Suggestion Box at Reception: d) Contact us by email Bendigo: 54 Mitchell Street admin@advocacyandrights.org.au or phone (03) 5444 4364

Thank you for taking the time to complete this form. Your comments are valuable in helping us to review the way we provide our services.



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Complaints Form

See over page for Suggestions form

| For assistance with this form ask a staff member or phone (03) 5444 4364. Date / / 1. Please give details of your complaint: | | | |
|--|---|--|--------------|
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| | | | - |
| | | | |
| | (attach another page of needed) | | |
| 2. Have you spoken to a staff member about this? | ☐ Yes ☐ No | | |
| If you answered yes: Who did you speak to? | | | |
| What was their suggestion? | | | |
| | | | |
| Were you satisfied with this suggestion? ☐ Yes ☐ No If you answered no: Would you like further investigation or action on this matter? ☐ Yes ☐ No 3. Further investigation or action: I consent to my information being shared with the Advocacy and Rights Executive Officer for the purposes of managing this complaint. | | | |
| | | Signed: | |
| | | This complaint will be managed within our Privacy and confidentiality and our Complaints policies. Please ask if you would like a copy of either. The Executive Officer will investigate your complaint, consult any involved parties and consider the appropriate course of action. If you would like us to contact you regarding your feedback, or let you know the outcome of your complaint, please provide your name and contact details below. You do not have to provide your details if you don't want us to keep in touch with you about your | |
| | | | |
| Name: | | | |
| Email: | | | |
| Address: | | | |
| 4. Handing in his form: | | | |
| a) post (see addresses above) | c) Hand it to a staff member | | |
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| Bendigo: 54 Mitchell Street | admin@advocacyandrights.org.au or phone | | |
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If you have further suggestions please use the form over page.

A program of the Advocacy and Rights Centre Ltd ACN 082 541 240

Approval date: 11 Feb 2013 Approved by: Executive Officer Page 2 of 2 U:\9.CLC\1. Working with clients\1. Client forms\LCCLC Suggestions and complaints form-Feb 2013.doc Version 1.00