

FEEDBACK AND COMPLAINTS FORM

World Wellness 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.

We will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as our Board Members that deal with the matters identified in your feedback.

If you choose to remain anonymous, we may be unable to respond as comprehensively as we would like to.

Section 1: Your details

Please let us know what we do well and where we can improve our services. Indicate your response below with an **X**.

This is a:	compliment		complaint		feedback	
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Personal details

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

Please provide details of the interaction with a WWG service that you are providing feedback on

Date & time	
Name of staff member (if you recall)	

Please state your concerns

Please provide details of your main concern, complaint, compliment or feedback

What action would you like taken in relation to this feedback?

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Declaration

I declare the information provided on this form is true and correct.

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

Section 2: Feedback made on another person's behalf

Please Note: If you are providing this feedback on another person's behalf, we require 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, e.g., signed consent (as provided below) 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 complaint/compliment or feedback, as necessary.

Signature:		Date:	
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Please provide the following details about the person on whose behalf you are acting:

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

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

yes		no	
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Please provide your details:

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

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

Please state the person's concerns:

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What action would you like taken in relation to this feedback?

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Declaration

I declare the information provided on this form is true and correct.

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

Please email to: governance@worldwellnessgroup.org.au