

FEEDBACK FORM

(To be completed by clients/on behalf of client/staff to document a FEEDBACK)

Clients / Participants are made aware of their right to complaint and are encouraged to make a complaint if they are not happy with services. They can make complaint as follows:

- Verbal complaint to office: (02) 9621 6633
- Email: info@sydwestms.org.au
- Fill the form below and send to: Level 2, 125 Main Street, Blacktown NSW 2148

Service Area at Sydwest Multicultural Services

Aged Care Services
Women & Family
External Provider

Disability Services
Youth & Capacity

Settlement Services
Other

Details of the person providing Feedback:

I am: ☐ Client/ Participant ☐ Advocate/ Family/ Friend ☐ Staff Representing
Date: _____

Description of Feedback:

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Proposed Action:

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Name of Person providing Feedback:

(You can choose to leave this section blank. Please fill below if you need to be contacted for a confidential conversation)

Mobile/ Phone:Email address:

For Reporting External Complaints:

Please call **1800 951 822** for Aged Care related complaints to Aged Care Commission

Please call **1800 035 544** for Disability Services related complaints to NDIS Commission

(All information provided by clients/ Participants is confidential and the identity will remain anonymous if requested.).