

# Feedback and Complaints Resolution Form

## Your Details (person completing form)

Name		Email	
Postal Address		Phone	

If you wish to remain anonymous please keep the above information blank. Richmond Wellbeing welcomes all feedback however if you wish to remain anonymous we will not be able to provide you with any further information in relation to this feedback item or complaint.

## Preferred Method of Contact

<input type="checkbox"/> Postal Address (written correspondence)	<input type="checkbox"/> Phone
<input type="checkbox"/> Email	<input type="checkbox"/> Other:

## Do you require an interpreter

Yes  No

## Your Relationship to Richmond Wellbeing

<input type="checkbox"/> Consumer	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Carer	<input type="checkbox"/> External Stakeholder
<input type="checkbox"/> Family, Friend or Significant other	<input type="checkbox"/> Member of Public
<input type="checkbox"/> Guardian	<input type="checkbox"/> RW Staff Member, student or volunteer
<input type="checkbox"/> Other:	

## Which area of Richmond Wellbeing does your feedback relate to

<input type="checkbox"/> Head Office/ Administration Staff	<input type="checkbox"/> NDIS Support Coordination
<input type="checkbox"/> Residential Services	<input type="checkbox"/> Training and Education
<input type="checkbox"/> Outreach Services	<input type="checkbox"/> Diversity and Inclusion Practice
<input type="checkbox"/> MH Connex / WAPHA Services	<input type="checkbox"/> Property and Maintenance
<input type="checkbox"/> NDIS	
<input type="checkbox"/> Other:	

## Type of Feedback:

<input type="checkbox"/> General Feedback	<input type="checkbox"/> Comment
<input type="checkbox"/> Complaint	<input type="checkbox"/> Concern
<input type="checkbox"/> Other:	

## Your Feedback

Please tell us about your feedback so we can understand what you would like to tell us. Please provide details of who/what the feedback or complaint is about, what happened, when it happened, who was involved, and any decisions made. Please attached any further documentation you may have to support your feedback.

## What is the outcome you are seeking?

- |  |   |
|--|---|
| <input type="checkbox"/> Access a Service              | <input type="checkbox"/> Disciplinary Action                  |
| <input type="checkbox"/> Access to information         | <input type="checkbox"/> Explanation                          |
| <input type="checkbox"/> Adequate Service              | <input type="checkbox"/> Alternative or Corrective Treatment  |
| <input type="checkbox"/> Apology                       | <input type="checkbox"/> Training or Education to be provided |
| <input type="checkbox"/> Change in Policy or Procedure |   |
| <input type="checkbox"/> Other:                        |   |

## Further Information

Have you contacted another service provider or agency regarding your feedback? If so, please provide details of the person or agency and attach any correspondence (if you are willing to share this information with Richmond Wellbeing).

Person		Agency	
Email		Phone	
Postal Address:			

Brief description of Information provided:

## Supporting Information

Please attach any supporting documentation or information you may have.

- Please tick this box to consent to Richmond Wellbeing making contact, or sharing this information, with a third party to support the resolution or outcome sought from this feedback raised.

## Demographics

Your personal information will be kept confidential and used on a need to know basis. We may be required by legislation to provide this information to regulatory authorities, our insurers, and any necessary service providers in investigating or taking appropriate remedial action.

The demographic information can also help us know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others.

These questions are optional.

### Age Range

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45 - 54           |
| <input type="checkbox"/> 18 - 24  | <input type="checkbox"/> 55 - 64           |
| <input type="checkbox"/> 25 - 34  | <input type="checkbox"/> 65 years and over |
| <input type="checkbox"/> 35 - 44  |  |

### Do you identify as Aboriginal or Torres Strait Islander?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes - Aboriginal                            | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes - Torres Strait Islander                | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes - Aboriginal and Torres Strait Islander |  |

### Do you identify as Culturally and Linguistically Diverse (CaLD)?

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

### Do you identify as LGBTI?

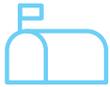
- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

### Which gender do you identify as?

- |                                 |  |  |
|---------------------------------|--|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Non-Binary    | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Female | <input type="checkbox"/> Self identify |  |

# Thank You for Your Feedback

Please submit this form to:



## Mail

Richmond Wellbeing, Feedback and Complaints, PO Box 982 Bentley, WA 6982



## Email

feedbackandcomplaints@rw.org.au



## In Person

Please hand this form to a RW staff member, or hand deliver to our reception at 29 Manning Road, Cannington, WA 6107.



## Phone

If you would like to provide verbal feedback please discuss this with a RW staff member, call 1800 742 466 to discuss your feedback or make a time to discuss this with us in person.

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## Privacy

In submitting this Feedback and Complaints form, Richmond Wellbeing is collecting your personal information.

The information you provide will assist us to investigate and resolve the matter and to comply with legal requirements, including those in the Privacy Act. If you wish to remain anonymous or use a pseudonym, or do not wish to provide the other requested personal information, we may be limited in our ability to investigate the complaint, to take appropriate action to resolve the issue including taking remedial action or mediation, and to discuss with you our findings and proposed outcomes.

Your personal information will be kept confidential and used on a need-to-know basis. We may be required by legislation to provide this information to regulatory authorities, our insurers, and any necessary service providers in investigating or taking appropriate remedial action.

Our Privacy Policy is accessible via our website <https://www.rw.org.au/privacy-statement/>