

## **INFORMATION FOR FEEDBACK**

- Standard feedback may take up to 15 working days to address.
- Complex feedback may take longer to address.
- Once you lodge your feedback, it will be referred the appropriate staff member who will
  action, investigate or log your feedback and contact you with confirmation of receipt of
  feedback if required.
- Should further investigation be required SWAMS may contact you to obtain additional information to support the feedback.
- You can request a copy of SWAMS NDIS Feedback and Complaints Policy and Procedures.

PART A: PERSO	NAL DETAILS			
Name: Mr/Mrs/	/Miss/Ms:			
Address:				
Suburb:		Post code:		
			(B)	
(M)		_ (E)		
Preferred Contac	ct Method:	□ Letter	☐ Email	
PART B: YOUR F	EEDBACK			
Feedback Type:	☐ Complaint	☐ Compliment	☐ Impr	ovement Suggestion
What is your fee	dback?			
	clude all the deta	ils that you can reme	-	provement that you feel could be hat happened, where and when i
				_



## **SWAMS Client Feedback Form**

Date of Incident:	Time:				
Location:					
What outcome are you seeking?					
Do you request a response to your feedback?	☐ Yes ☐ No				
PART C: SUPPORTING EVIDENCE					
Please attach copies of any documents that may help us investigate your complaint.					
PART D: ACKNOWLEDGEMENT					
All of the information provided above is true an	nd correct to the best of my knowledge.				
Signature:	Date:				
- U					

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## **PART E: PRIVACY NOTICE**

We will only use the information provided on this form to action your feedback

Your personal information will not be provided to any person you are complaining about, unless it is specifically required to ensure your complaint is appropriately dealt with. None of the information you provide on this form will be disclosed outside of this department without your permission, unless we are required to do so by law.

## **PART F: LODGEMENT**

Post a copy of your completed form and any attachments to:

Chief Executive Officer
South West Aboriginal Medical Service
PO Box 1444
BUNBURY WA 6230

Alternatively, you can hand deliver your complaint to the Administration building located at Unit 3/30 Wellington Street Bunbury or to SWAM Clinic located on corner of Forrest Avenue and Blair Street.

If you do not hear from a SWAMS Officer within 15 days of lodging this complaint, please contact the Personal Assistant to the CEO on 08 9797 8111 to inquire about the status of your complaint.

If you are not happy with the response to your complaint you may like to contact the

Health and Disability Complaints Office (HaDSCO)

Postal address: GPO Box B61, Perth WA 6838,

Website: www.hadsco.wa.gov.au Email: mail@hadsco.wa.gov.au

Complaints and enquiries line: (08) 6551 7600

Or

**NDIS Quality and Safeguards Commission** 

Phone: 1800 035 544

Visit our website

https://www.ndiscommission.gov.au/contact-us/makeacomplaint





PART G:	OFFICE USE ONLY		
Receiving Officer:		Date:	
Notes:			
Response sent by:		_ Date response sent:	
Resolution / Outcome:			(attach copy)
PART H:	RECEIPT OF COMPLAIN	T LODGED AT SWAMS	
Lodged By:			
Received by:			
Date:	Signature:		