Claudia Marshall

OCCUPATIONAL THERAPY AND CONSULTANCY

Your **Rights.**
Your **Culture.**
Your **Life.**
Your **Way.**

Compliments and Complaints

Claudia Marshall Occupational Therapy and Consultancy appreciates your feedback and takes all comments and concerns seriously. All feedback is reviewed and used to improve services.

Who can give feedback?

Anyone who uses the service or supports someone who does. This includes clients, family, carers, kin, Elders, community members, guardians, support workers and organisations.

How to give feedback

- Talk to Claudia or call **0482 958 189**. She can write your feedback down for you.
- Email **contact@claudiamarshallotc.com.au**
- Post a letter or this form to **PO Box 97, Scarborough WA 6019**
- Fill in the form on the back of this page and give it to Claudia.

Help is available

A family member, Elder, support worker, advocate, lawyer or someone you trust can help you fill in the form or give feedback for you. An interpreter can be arranged (TIS National 131 450).

If you do not feel comfortable telling Claudia, you can ask an advocate, lawyer or support person to raise it for you. To find a disability advocate, use the Disability Advocacy Finder at askizzy.org.au.

What happens next

- Your feedback is kept private, as set out in the Privacy and Confidentiality Policy. You do not have to give your name, but Claudia will not be able to reply.
- Complaints are acknowledged within 5 business days. A response is given within 30 days.
- You can bring a support person to any meeting about your complaint.

Where else can you go?

You can contact these offices at any time.

- **Health and Disability Services Complaints Office (HaDSCO)** 1800 813 583 or (08) 6551 7600
- **NDIS Quality and Safeguards Commission** 1800 035 544
- **Office of the Australian Information Commissioner (OAIC)** 1300 363 992

In an emergency, call 000. For Aboriginal and Torres Strait Islander crisis support, call 13YARN on 13 92 76.

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Compliments and Complaints Form

Is this a:

☐ Compliment ☐ Suggestion ☐ Complaint

What is it about?

☐ Occupational therapy ☐ Consultancy ☐ Something else

What would you like to tell Claudia?

What would you like to happen?

Who is giving this feedback?

Name (optional):

Client name (if different):

If giving feedback for someone else, does the client (or their legal decision maker) agree to Claudia talking with you about it?

☐ Yes ☐ No ☐ Not sure

Would you like a response?

☐ Yes ☐ No

If yes, how would you like Claudia to contact you?

☐ Phone ☐ Email ☐ Post ☐ Through my support person

Phone, email or postal address:

Support person name and phone:

Date:

Office use only

Date received: _____ Date acknowledged: _____ Entered in register: ☐ Yes

Outcome and date closed: _____

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