

Appreciation and suggestions

Do you want to tell us about a good experience you had with one of our services or someone who works here? Do you have some suggestions about areas for improvement or things that are missing?

Complaints and concerns

Do you have a complaint or concern about one of our services? You can make a complaint if you think we didn't comply with law or guidelines; didn't meet appropriate standards of care; put someone's safety at risk; or did something which was unhelpful or upsetting to you or someone you know.

If you're not sure, call us on 02 6230 6999 (office hours) or email to enquiries@everyman.org.au. We'd like to hear from you. We're always looking for ways to do better, and complaints are just as important as appreciation in helping us improve our services. If we could have done something better, your comments are important to us. And you don't have to give your name.

Your Privacy

Sometimes people find it hard to make complaints, feeling embarrassed, afraid that no-one will listen, or anxious about what will happen. If you feel like this, you can give your feedback anonymously - you don't have to identify yourself. We will respond to your comments, however you decide to make them.

To pass on your comments:

- ◆ Use our on-line feedback form at www.everyman.org.au/feedback-and-complaints/
- ◆ Talk to any of our staff. If they're not the person to deal with your complaint, they will get it to the right place.
- ◆ You can discuss your concern in a conversation, in an email or a letter. Phone us on 6230 6999 or visit our office and ask to talk to someone who can deal with a complaint or to get the email address of a staff member.
- ◆ Email the Executive Director at mgt@everyman.org.au
- ◆ You can write directly to our Board of Directors at: CONFIDENTIAL – OPEN ADDRESSEE ONLY

Note: Envelopes not marked CONFIDENTIAL will be read by the Executive Director.

Board of Directors
 EveryMan Australia
 GPO Box 1753
 CANBERRA ACT 2601

Your details: (If you would prefer not to be identified, you can leave this section blank.)			
Name(s):		Today's date:	
Ph:	Mobile:	email:	
Address:			
Reason for feedback:			
<input type="checkbox"/> Positive feedback for an EveryMan program <input type="checkbox"/> Report excellent service by EveryMan staff <input type="checkbox"/> Suggest something to improve or enhance service		<input type="checkbox"/> Offer constructive criticism <input type="checkbox"/> Make a complaint <input type="checkbox"/> I'm requesting a formal complaint process	
Other reason:			
Incident details: (If feedback is about a particular incident)			
Time:	Date:	Place:	
Who was involved?			

Feedback details:

What do you want to tell us about - what happened, your reactions, thoughts, suggestions etc?

Multiple horizontal lines for text input.

Please let us know whether you'd like us to contact you and let you know the outcome of your feedback.

<input type="checkbox"/> Yes - by phone <input type="checkbox"/> Yes - by email <input type="checkbox"/> No thanks	If you said no, can you say why?
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Do you have any comments or suggestions about improving this form or our feedback and complaints procedures?

Horizontal line for text input.

OFFICE USE ONLY

NB: action to be taken within one working day

Received by: _____ at _____ : _____ am / pm on ____ / ____ / ____

Feedback relates to:

<input type="checkbox"/> Accommodation service <input type="checkbox"/> Disability service <input type="checkbox"/> Indigenous service	<input type="checkbox"/> Counselling service <input type="checkbox"/> PVMA <input type="checkbox"/> WWM	<input type="checkbox"/> Admin – front office <input type="checkbox"/> Management	Referred to:
			Time and date referred

Immediate action taken:

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Issues for follow-up:

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Sender advised of receipt of feedback and initial action, and who referred on to? YES, by phone email No, because:

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