

Feedback and complaints

Thank you for your interest in providing feedback to our Association. We are committed to continuous improvement of our services. The valuable feedback we receive from stakeholders assists us to evaluate and improve our services to clients and customers.

If you have any questions, feedback or concerns please don't hesitate to speak directly with a staff member, or to contact us (07) 3253 3333 or your local regional office.

This form is to assist you to provide feedback or make a complaint to the Association.

You can:

- **Talk** directly to the staff member or volunteer you are in contact with or ask to speak with a more senior staff member.
- **Phone** our Administration team on 07 3253 3333.
- **Email** us at mailbox@sportingwheelies.org.au.
- **Contact** us through the [Contact Us](#) page on the Sporting Wheelies website.
- **Submit** an online [compliment, complaint or suggestion](#)
- **Drop** a written compliment, complaint or suggestion in the *Feedback Box* at Reception at 31 Dover St Albion.
- **Write** to us at PO Box 318, Newstead QLD 4006.

Your opinions and suggestions are important to us and we will respond to you as soon as possible.

The NDIS Quality and Safeguards Commission can also be contacted with feedback about NDIS supports and services by calling 1800 034 544 or visiting www.ndiscommission.gov.au.

Disclaimer – *Sporting Wheelies and Disabled Association is collecting the information on this form for problem resolution, feedback and continuous improvement purposes. Only authorised employees of the organisation have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law.*

For a copy of the Association's **Privacy Policy (1.17) or Feedback and Complaints Policy (7.2)** please see the website or contact the office.

This is...

☐ Feedback

- ☐ A compliment
- ☐ A complaint

Your details

These fields are not mandatory. You can remain anonymous if you wish.

First Name:		Surname:	
I am...	<input type="checkbox"/> A client / member <input type="checkbox"/> A carer/family member <input type="checkbox"/> Staff / volunteer <input type="checkbox"/> Other (state relationship)_____		
Company/organisation name (if relevant):			
Address:			
Suburb:		Post code:	
Preferred phone:		Alternative phone:	
Email address:			
Your preferred contact method		<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Any <input type="checkbox"/> No contact please	

Date comment provided:

Which business area does this relate to? Tick any that apply.

- ☐ Membership
- ☐ Our fundraising activities (eg. lotteries, bingo etc)
- ☐ Health and fitness
- ☐ Sport and active recreation
- ☐ Digital marketing including social media
- ☐ Human Resources including volunteering
- ☐ Association management and governance
- ☐ Other _____ (explain)

Does this also relate to: Tick any that apply.

- ☐ Children and Young People
- ☐ NDIS funded services
- ☐ Work Health and Safety

Please detail your feedback, compliment or complaint here:

If appropriate, please include relevant date/s, locations, key people involved etc.

Provide details of the outcome you are seeking:

Additional information: *Please attach any additional information to the email or include in mail.*

Office use only

Staff member taking feedback

Initial Advice/ Action: <i>Tick</i>		<input type="checkbox"/> Self-resolution <input type="checkbox"/> Assisted resolution <input type="checkbox"/> Facilitation <input type="checkbox"/> Mediation <input type="checkbox"/> Intervention <input type="checkbox"/> Investigation <input type="checkbox"/> Systems improvement <input type="checkbox"/> Other: (explain)	
Is this a reportable incident? <i>Tick</i>		<input type="checkbox"/> Child and Youth Risk Management <input type="checkbox"/> NDIS funded services <input type="checkbox"/> Work Health and Safety <input type="checkbox"/> Work Cover Qld	
Outcome <i>(if able to be resolved in the initial instance)</i>			
Date matter completed:			
Complaints Manager name:		Complaints Manager signature	
For matters requiring further action (see <i>Feedback, Complaints, Grievances and Appeals Checklist</i>)			
Referred to (name):		Referral date:	