



If you need support with completing and submitting this form, contact feedback@bestlives.org.au 1800 875 432

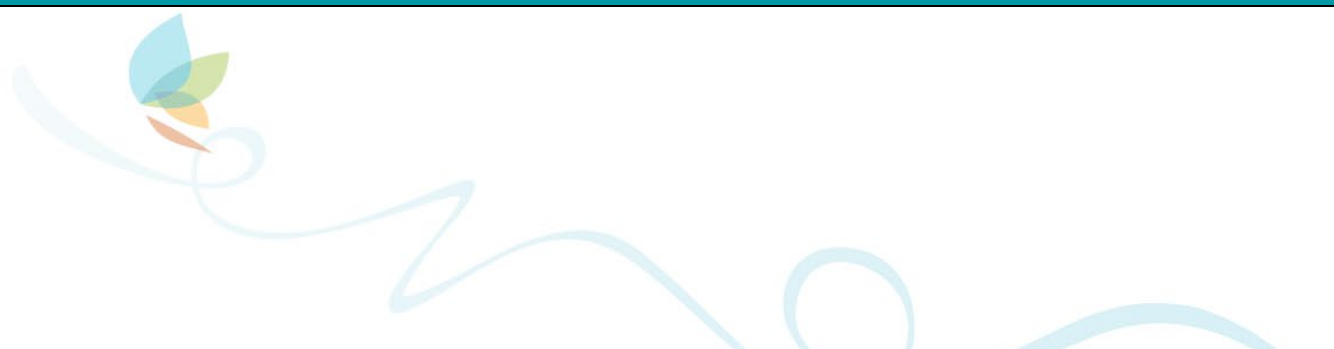
Your Details (Optional – you can remain anonymous)							
Name:							
Phone:							
Email:							
Preferred contact method:	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	No contact	
Type of Feedback <i>(tick applicable)</i>							
<input type="checkbox"/>	Feedback (positive or suggestion)	<input type="checkbox"/>	Complaint	<input type="checkbox"/>	Concern	<input type="checkbox"/>	Compliment
Details of Feedback / Complaint / Concern / Compliment							
<i>(Include dates, times, what happened, and who was involved)</i>							
Date of incident, date of occurrence or issue:							
Location/program/site:							
Customer name (optional):							
Who was involved and their role (Worker/Contractor/Visitor)							
Witnesses:							
Attachments provided (photos, screenshots) and how supplied?							
Details of what happened:							



Impact on you

(How did this affect you? Your safety, wellbeing, or service?)

Desired Outcome



Immediate Safety Check

Do you feel safe right now?

	Yes		No (if no, immediate action must be taken)
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Details:



Support & Advocacy

Would you like support to make or submit this form?

	Yes		No	
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If yes, would you like your preferred support person (family/friend/advocate) contacted?
(please provide contact information):

Do you need an interpreter?		Yes		No
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We can assist you, or connect you, with an independent advocate. Please let us know if you would like Best Lives to support you with this.



Privacy, Fairness & Non-Retaliation

Please note, your information will be handled confidentially in line with privacy laws.
You will not be disadvantaged by making or submitting this form.

Consent:

(Please advise if you consent to being contacted below, if you choose to remain anonymous it does limit the follow up Best Lives can do, on your behalf.)

	Yes, I consent to being contacted, my preferred contact times are:		No, I prefer to remain anonymous.
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Office Use Only (Compliance Recording)

Received by:								
Assigned to: <i>(investigator / manager)</i>								
Date received:								
Complaint category:		Service		Staff		Safety		Other



If other, please detail:									
If a complaint, ID or reference number									
Risk Level:		<input type="checkbox"/>	Low	<input type="checkbox"/>	Medium	<input type="checkbox"/>	High	<input type="checkbox"/>	Extreme
NDIS/DSS/WHS reportable incident?		<input type="checkbox"/>	Yes			<input type="checkbox"/>	No		
Report number:					Date lodged:				
Action taken:									
Outcome:									
Close-out notes:									
If customer related, note customer advised date:									
Date acknowledged:									
Acknowledgement method:		<input type="checkbox"/>	Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Letter		
Date resolved:									
Submission Options									
Email:									
Phone:									
In person: Speak to any staff member									

END OF DOCUMENT

Electronic documents, once printed, are uncontrolled and may become outdated.