



FEEDBACK / COMPLAINT FORM

Is this a Suggestion Complaint Compliment

Which service is this about? Project No: (if applicable) _____

Assistive/Unique Solutions Freedom Wheels TAD in general

What would you like to say?

Do you have any suggestions how TAD can improve?

If you would like to be contacted about this please complete the following:

Name: _____

Contact Details: _____

Thank you for taking the time to complete this form. Your comments are valued and appreciated.

Office Use Only

Date Form Received: _____

Name: _____ Position _____

Feedback / Complaint Management

Date complaint entered into complaint register: _____

Complaint Resolved: Yes No

If Yes, How

If No,

Discuss with complainant who is handling complaint and timeframes. Date: _____

Action Taken (attach additional notes if required)

Date complainant advised of outcome and reasons for any decisions: _____

Complainant Satisfied with result, if no please comment Yes No

Date of Closure: _____

Complaint Review & Analysis

Root Cause

Lack of Training Incorrect Policy, Procedure and/or Form
 Procedure Not Followed Other _____

Recommendations for Improvement

Improvement Requests Raised Yes No

Department Manager Name: _____

Signature: _____ Date: _____