

Customer Complaints, Concerns & Feedback Form

Triple B is committed to providing high quality service and care, we value your feedback – including complaints. Please use this form to lodge a concern, complaint and/or feedback about services delivered by Triple B.

If you require assistance to fill out this form, please contact your Triple B Care Coordinator or the office and we will be able to assist you with this process. You can contact us via:

08 9450 8868 or services@triplebinternational.com

Please tick the relevant box.

I have a : ☐ Concern ☐ Complaint ☐ Compliment ☐ Feedback

Your Details (person lodging complaint)	
Full Name	
Address	
Phone/Mobile	
Email	

Complete this section if someone is assisting you with the concern/complaint. (family member, carer, guardian, advocate, friend)	
Full Name	
Relationship	
Organisation (if applicable)	
Phone/Mobile	
Email	

Or

☐ I would like to remain anonymous

Date of concern/complaint/compliment/feedback: _____



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Details of concern/complaint/compliment/feedback: _____

What outcomes are you seeking: _____

Please attach additional pages if you need more space.

Signature of person lodging complaint: (or staff member's name if taken over the phone)	
Date:	
How to lodge:	By mail to: Unit 1, 12 Burton Street, Cannington WA 6107 By email to: services@triplebinternational.com

If you would like us to let you know the progress of your complaint/concern/feedback, how would we do this:

Triple B International TB F026 Customer Complaints, Concerns & Feedback Form	Created: 2/4/2020 Reviewed date: 22/08/23 Version 3.3	Page 2
Owner: Quality Manager	Authorisation: Quality Manager/Operations Manager	
Other relevant documents: TB 073 Complaint Management P&P; TB FR026 Complaint & Feedback Register		

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To Me		To my representative	
<input type="checkbox"/> In person	<input type="checkbox"/> By email	<input type="checkbox"/> In person	<input type="checkbox"/> By email
<input type="checkbox"/> By phone	<input type="checkbox"/> By mail	<input type="checkbox"/> By phone	<input type="checkbox"/> By mail

If you require assistance making your complaint:

Aged Care	Disability
Advocare Phone: (08) 9479 7566 Elder Abuse Helpline: 1300 724 679 Email: rights@advocare.org.au Website: https://www.advocare.org.au/ OPAN – Older Persons Advocacy Network Phone: 1800 700 600 Website: https://opan.com.au/contact-us/	Citizen Advocacy Perth West Inc Website: http://www.capw.org.au/ Phone: (08) 9445 9991 Ethnic Disability Advocacy Centre Website: http://www.edac.org.au/ Phone: 08 9388 7455 or 1800 659 921 Email: admin@edac.org.au People with Disabilities (WA) Inc Website: https://www.pwdwa.org/ Phone: 08 94207279 or 1800 193 33

If you require an interpreter to assist with making your complaint:

- Translating and Interpreting Service (TIS) - 131 450
- Aboriginal Interpreter Service (AIS) - 1800 334 944
- Kimberley Interpreting Service (KIS) – 08 9192 3981

If you are hearing or speech impaired contact us through the National Relay Service:

- TTY users: phone 1800 555 677 then ask for our number.
- Speak and Listen users: phone 1800 555 727 then ask for our number.
- Internet relay users: connect to the National Relay Service and enter our number.

If you are not satisfied with the outcome of the complaints process:

Aged Care	Disability								
Aged Care Quality and Safety Commission GPO Box 9819, Perth WA 6001 Or phone 1800 951 822	NDIS Quality and Safeguards Commission Phone: 1800 035 544 Website: https://www.ndiscommission.gov.au/about/complaints								
OFFICE USE ONLY <table> <tr> <td>Follow-up by:</td><td>Name:</td></tr> <tr> <td>Feedback provided:</td><td>Name:</td></tr> <tr> <td>Complaint Investigation Form completed: Y / N</td><td>Name:</td></tr> <tr> <td>Date Entered into Quality Improvement Register:</td><td>Date:</td></tr> </table>		Follow-up by:	Name:	Feedback provided:	Name:	Complaint Investigation Form completed: Y / N	Name:	Date Entered into Quality Improvement Register:	Date:
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