

External Feedback Form

Child and Family Focus SA (CAFFSA) is committed to providing high quality services to our clients and stakeholders, and meeting your needs. We strongly value and encourage client and stakeholder feedback, so please let us know what we do well and where we can improve our services.

Please Select the nature of your feedback

- Compliment
- Comment
- Complaint

Section 1: Your details

Do you want to remain anonymous?

- Yes
- No

Personal details

First Name:	
Last Name:	
Organisation (if relevant)	
Telephone number:	
Email address:	

Do you require an interpreter?

- Yes - If **yes**, which language?
- No

Are you providing feedback on another person's behalf?

- Yes
- No – go to section 4

Section 2: Feedback made on another person's behalf

Please provide the following details about the person on whose behalf you are acting:

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for this person?

(e.g. parent or guardian of a child under 18 years)

- Yes - if yes, please provide details below:
- No

Does the person know you are providing feedback on their behalf?

- Yes
- No - If **no**, please provide the reason why:

Are we able to speak with the person on whose behalf you are acting?

- Yes
- No - If **no**, please provide the reason why:

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3: Other person’s consent for feedback made on their behalf

If you are providing this feedback on another person’s behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I.....(insert name of person giving consent) give permission to
 (insert name of person providing feedback) to provide or
 collect relevant information on my behalf to assist with this compliment, comment, or
 complaint, as necessary.

Signature:		Date:	
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Section 4: Please provide details of the feedback event

Name of the meeting, service, or individual involved:	
Role in meeting/service, or relationship to individual	

Section 5: Details of feedback

Please provide details of your compliment, comment or complaint, including what events led to making the feedback, approximate dates and who was involved.

Section 6: What action have you already taken in relation to this?

Besides this report, have you discussed your feedback with the individual involved, CAFFSA, or another agency or person for assistance with this feedback?

- Yes
- No

If **yes**, with whom and what was the outcome?

Section 7: What outcomes would you like as a result of providing your feedback?

Section 8: Privacy

CAFFSA is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

CAFFSA will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with other CAFFSA staff, Board members, or an external body appointed with reviewing the complaint. If you choose to remain anonymous, CAFFSA may be unable to deliver the full range of services you require. If you wish to contact CAFFSA for more information on management the personal information that you provide on this form, please email admin@childandfamily-sa.org.au.

For further information on CAFFSA's privacy policy and external complaints procedure, please visit. <https://www.childandfamily-sa.org.au/about-us/>

Section 9: Declaration

I declare that the information I have provided herein is true and correct.

Signature:		Date:	
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Thank you for taking the time to provide feedback to us. All feedback received is officially recorded and used for quality improvement purposes.

Any complaints received will be taken seriously. Unless otherwise noted, a staff member will contact you within five days of receiving your complaint. CAFFSA will investigate the complaint and will provide feedback to you within 14 working days. Complaints will be resolved within 30 working days, where possible.

If you are unsatisfied with the management of your complaint, you may contact:

CAFFSA CEO Rob Martin on 0438 821 918

Ombudsman SA on (08) 8226 8699

Equal Opportunity Commission on (08) 8207 1977