

Compliment and complaint form

Life Music Therapy

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

Indicate your response below with an X.

This is a:	compliment	<input type="checkbox"/>	complaint	<input type="checkbox"/>	feedback	<input type="checkbox"/>
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Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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If yes, you can send your complaint anonymously to the below address:

Life Music Therapy
 PO Box 1704
 Sunnybank Hills 4109
 QLD

Personal details

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Postal address:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Email address:	<input type="text"/>

Do you require an interpreter?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>	If yes , which language?	<input type="text"/>
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Are you providing feedback on another person's behalf? (Indicate your response with an X)

no (<i>go to Section 4</i>)	<input type="checkbox"/>	yes	<input type="checkbox"/>
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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 the person who received the service?

(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

yes		no	
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If **yes**, please provide details:

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Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

yes		no	
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If **no**, please provide the reason why:

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Are we able to speak with the person who received the service? (Indicate your response with an X)

yes		no	
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If **no**, please provide the reason why:

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Section 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 receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:	
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Section 4: Please provide details of the service that the feedback concerns

Name of the therapist:	
Address of the service:	

Section 5: Please state your concerns

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

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

Have you discussed your concerns with the therapist or another agency or person for assistance with these concerns? (Indicate your response with an X)

yes		no	
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If **yes**, with whom and what was the outcome?

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

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Section 8: Privacy

Life Music Therapy 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.

Life Music Therapy will only use your information in accordance with relevant privacy and other laws.

If you choose to remain anonymous, Life Music Therapy may be unable to deliver the full range of services you require.

Section 9: Declaration

Paragraph declaring information provided is true and correct.

Signature:		Date:	
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Thank you for taking the time to provide feedback about our service.