



## CLIENT COMPLAINT FORM

Find Wellbeing is providing quality virtual care services and meeting your needs. We value your feedback - including complaints.

We will need to contact you about your complaint, so please provide your name and contact details, including one contact number if possible. If you do not provide this information we may not be able to deal with your complaint.

We will use the information you provide to assess, investigate and/or conciliate your complaint. We will usually provide a copy of your complaint (excluding your contact details) to the person or organisation you are complaining about and, if necessary, others who have relevant information about your complaint. By completing and submitting this form you consent Find Wellbeing in using your information for these purposes. If you have any questions about this or need help to complete this form please contact us at 1-300-883-8300 or through our website <https://findwellbeing.com.au/>

Your personal information will be used and stored in accordance with the Privacy Act 1988 (Cth). The Commission's privacy policy is available on our website at <https://findwellbeing.com.au/>

### Personal Details

|                          |  |
|--------------------------|--|
| <b>First Name:</b>       |  |
| <b>Last Name:</b>        |  |
| <b>Postal address:</b>   |  |
| <b>Telephone number:</b> |  |
| <b>Mobile number:</b>    |  |
| <b>Email address:</b>    |  |

## 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

☐

If **yes**, please provide details:

## 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, \_\_\_\_\_ give permission to \_\_\_\_\_ to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

|            |  |       |  |
|------------|--|-------|--|
| Signature: |  | Date: |  |
|------------|--|-------|--|

Please provide details of the service that the feedback concerns

|   |  |
|---|--|
| <b>Name of the service provider:</b>                      |  |
| <b>Address of office location of service:</b>             |  |
| <b>Contact person's name and position in the service:</b> |  |

## Details of your complaint

---

Please select the appropriate box/boxes below.

**I believe I have been discriminated against because of my:**

☐ **age**

what is your age?

☐ **disability**

what is your disability?

☐ **association with a person with a disability**

what is the person's disability?

☐ **status as a person with a disability who uses an assistance animal or disability aid or has a carer**

☐ **sex**

what is your sex?

☐ **pregnancy**

☐ **marital or relationship status**

what is your marital or relationship status?

☐ **family responsibilities**

sexual orientation what is your sexual orientation?

gender identity what gender do you identify as?

intersex status

☐ **race (this includes race, colour, national origin, descent, ethnicity and immigrant status)**

What is your race?

☐ **I believe I have been sexually harassed**

☐ **I believe I have experienced racial hatred**

**I believe I have been discriminated against in my employment because of my:**

- ☐ **trade union activity**
- ☐ **criminal record**  
what is your criminal record?
- ☐ **religion**  
what is your religion?
- ☐ **political opinion**  
what is your political opinion?
- ☐ **I believe my human rights have been breached by a Commonwealth government body**
- ☐ **I believe I have been victimised because I made a complaint or tried to make a complaint about discrimination**

## Please state your concerns

Please provide details of your main concerns:

- The service and what the issues is
- The date(s) of the incident or issue
- The name of staff you dealt with
- If you signed a contract, when did you sign it

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

## Privacy

Find Wellbeing 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.

Find Wellbeing 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 others, such as [insert] that deals with the matters identified in your feedback.

If you choose to remain anonymous, Find Wellbeing may be unable to deliver the full range of services you require.

## Declaration

Paragraph declaring information provided is true and correct.

Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for taking the time to provide feedback about our service.**