

## Feedback, Compliments and Complaints

MCCI is committed to providing high quality services and meeting your needs. We value your feedback, including any compliments, complaints or comments you may have.

1. Details of person making providing feedback/ compliment or making complaint								
Full Name								
Contact Number								
Contact Email or correspondence address								
Today's Date:								
I am a (please tick):	Care recipient		Carer/ family member		Staff member		Volunteer	
	Representative		Other		Please specify			
Who would you like to be the key contact from MCCI regarding this matter?								

2. Details of Compliment/ Feedback/ Complaint		
Please tick the nature of your feedback:		
<input type="checkbox"/> Compliment <input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion <input type="checkbox"/> General Feedback		
Please describe in as much detail as possible the nature of your compliment/ feedback/ complaint?		
Were there any witnesses or other parties involved? If so please give details.		
How has this affected you?		
What is the desired outcome of your compliment/ feedback/ complaint? (What would you like to happen?)		
Print Name	Signature	Date

Please send completed forms marked PRIVATE AND CONFIDENTIAL to CEO, MCCI, PO Box 238, Wollongong NSW 2500; Or via email: [admin@mcci.org.au](mailto:admin@mcci.org.au)

Form will be acknowledged within 3 working days of receipt. You will be advised of the outcome of any investigation within 20 business days from initial receipt.

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