|  |  |
| --- | --- |
| FEEDBACK AND COMPLAINTS FORM |  |

NSDS 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 |  | complaint |  | feedback |  |

# Section 1: Your details

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

|  |  |  |  |
| --- | --- | --- | --- |
| yes |  | no |  |

## Personal details

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Mobile number: |  |
| Email address: |  |

Do you require an interpreter?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| yes |  | no |  | If **yes**, which language? |  |

Are you providing feedback on another person’s behalf? (Indicate your response with an X)

|  |  |  |  |
| --- | --- | --- | --- |
| no (go to Section 3) |  | yes |  |

# 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: |  |
| Telephone number: |  |
| Mobile number: |  |
| Email address: |  |

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

|  |
| --- |
|  |

# Section 3: What is your feedback or complaint?

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 4: What would you like to see happen about your feedback or complaint?

|  |
| --- |
|  |

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