

Compliment and Complaint Form

An effective feedback, compliment and complaint handling system addresses the principles of visibility and accessibility, responsiveness, assessment and investigation, feedback, improvement focused and service excellence.

The compliment and complaint form template is a tool to facilitate feedback being heard clearly and effectively managed by recording key information at the time of first contact.

CCM takes complaints and concerns very seriously. We welcome honest communication with our clients, so we can improve our services for everyone. All complaints and concerns that fail to be resolved within programs will go to Peiyong Ou, Quality Assurance Manager, for investigation.

A listing of support available from the Department of Health and Human Services, the Department of Education and Training and other organizations in the form of training, advice and resources for receiving and managing compliments and complaints is provided.

Community Counselling & Mediation

CCM takes complaints and concerns very seriously. We welcome honest communication with our clients, so we can improve our services for everyone. All complaints and concerns that fail to be resolved within programs will go to Peiyong Ou, Quality Assurance Manager, for investigation, for investigation.

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

Personal details

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

Do you require an interpreter?

yes		no		If yes , which language?	
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Are you providing feedback on another person's behalf? (Indicate your response with an X)

no		yes	
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Name of the service provider:	
Address of office location of service:	
Contact person's name and position in the service:	

Section 2: 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. In order to investigate, we need to know what staff observed or were involved in the incident.

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Section 3: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the service provider 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?

Section 4: Privacy

CCM 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.

CCM 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 the Quality Assurance Department that deals with the matters identified in your feedback.

You also have the right to access your information and seek its correction under the Freedom of Information Act 1982. For information about making a Freedom of Information application contact visit <https://www.foia.gov>.

Section 5: 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. We appreciate your perspective, and look forward to improving our services for you. If you wish to speak with the investigator, Peiyong Ou is reachable at 718-802-0666 with the extension 229. You can also make contact by email at pou@ccmny.org.

Section 6: Response and follow-up

Please note that this section is filled by the investigator.

What did QA department do in response? How was the complaint, compliment or feedback handled?

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Section 7: Declaration of action responded

Paragraph declaring action responded by staff is acceptable and complaint, compliment and feedback was resolved.

Signature:		Date:	
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