

COMPLAINT FORM

If you, or someone you know, has a concern about a service provided by Live Well OT, we would like to hear from you, so as to do our best to rectify the situation for you. We value your feedback as it gives us the opportunity to look at the way we do things and improve our services.

We would like to resolve your issue as quickly as possible and will contact you within three working days of receipt of the complaint to discuss your concern and aim to resolve your complaint within ten working days. If your complaint is more complex and requires more time to investigate, we will discuss this with you along the way.

A complaint can be completed over the phone by calling the Live Well OT Director, Alison directly via 0498507660 or by completing and returning this form via admin@livewellot.com.au, fax on 02 6013 9295 or post to PO Box 982, Lavington NSW 2640. If you would like a printed version of this form, please don't hesitate to contact us and we will gladly provide one to you.

If you're not satisfied with the response you received from Live Well OT, or do not feel comfortable talking with us directly you can either contact your funding organization, Occupational Therapy Board of Australia (T: 1300 419 495) or the NDIS Quality & Safeguarding Commission (T: 1800 035 544 - NDIS participants only).

PART A: DETAILS OF PERSON LODGING THE COMPLAINT

NAME		DATE OF BIRTH	
ADDRESS			
PHONE		EMAIL	
PREFERRED METHOD OF CONTACT	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face to face meeting	DO YOU REQUIRE AN INTERPRETER	<input type="checkbox"/> Yes – Language: <input type="checkbox"/> No
ARE YOU LODGING THIS COMPLAINT ON YOUR OWN BEHALF OR SOMEONE ELSE?			<input type="checkbox"/> Self – leave part B blank <input type="checkbox"/> Someone else – please complete part B

PART B: DETAILS OF CLIENT RECEIVING LIVE WELL OT SERVICES – LEAVE BLANK IF YOU ARE THE CLIENT

NAME		DATE OF BIRTH	
ADDRESS			
PHONE		EMAIL	
PREFERRED METHOD OF CONTACT	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face to face meeting	DO THEY REQUIRE AN INTERPRETER	<input type="checkbox"/> Yes – Language: <input type="checkbox"/> No

WHAT IS THE NATURE OF THE COMPLAINT? Please outline when the concern occurred, what happened, who was involved, where it happened and your main concerns.
Attach any supporting documentation you may have if applicable, or additional pages if required.

PRIVACY & CONFIDENTIALITY

In managing your complaint, we need to gather information about you. We comply with the Information Privacy Principles in the *Information Privacy Act 2009*. We will not disclose any personal information unless you consent or the disclosure is allowed, authorized or required by law. Should you wish to obtain any documentation held by Live Well OT, you have a right to do so. Please refer to our Privacy Policy for further information.

Checklist:

- I have clearly identified my concerns and included as much detail as I can
- I have attached copies, not originals, of any relevant documentation that supports this complaint
- I understand it is an offence to knowingly provide false or misleading information to Live Well OT.

Signature: _____

Date: _____

SEND YOUR COMPLAINT TO US

Email: admin@livewellot.com.au

Phone: 0438 507 660 or Alison – Director via 0498 507 660

Fax: 02 6013 9295

Post: PB Box 982, Lavington NSW 2640

We will contact you no later than three (3) days after receipt of this complaint form.