

Feedback Form

www.ahhlifeskills.com hr@ahhlifeskills.com or info@ahhlifeskills.com

This form is to assist you in providing feedback or making a complaint to AHH Lifeskills.

We encourage you to make a complaint in writing. Please allow a maximum of ten (10) days for a response. We aim to resolve complaints within 21 days where possible.

All information is strictly confidential.

Is the feedback positive feedback or negative feedback / complaint?								
Positive			Negative / complaint /					
			improvement required					
Personal details								
The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.								
Name:		Mr/Mrs/Miss/Ms						
Postal Address	s:			Postcode:				
Email:				Mobile:				

www.ahhlifeskills.com hr@ahhlifeskills.com, info@ahhlifeskills.com Email: Details of the feedback / complaint What is the feedback / Complaint related to: Service Delivery Product or Facilities Other What happened (please include date and who was involved): Have you discussed the matter with the person/s involved? Yes No If yes, what was the outcome, if any? Please attach a copy (not the original) of your feedback / complaint to the respondent and any letter of reply you have received.	Is there someone e	lse (representative, s	upport person,	advocate) that you wo	ould like Involved	
Postal Address: Postal Address: Postcode: eedback form ersion: 15/09/2022 www.ahhlifeskills.com hr@ahhlifeskills.com, info@ahhlifeskills.com Email: Mobile: Details of the feedback / complaint What is the feedback / Complaint related to: Service Delivery Product or Facilities Other What happened (please include date and who was involved): Have you discussed the matter with the person/s involved? Yes No If yes, what was the outcome, if any? Please attach a copy (not the original) of your feedback / complaint to the respondent and any letter of reply you have received.	in making this feed	lback / complaint?				
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What happened (please include date and who was involved): Have you discussed the matter with the person/s involved? Yes	Complaint related to:		☐ Service Delivery			
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If no, is there any reason/s that you cannot do so? Do you need help to do this? e.g. for	-	-	•			

How would you like to see your complaint resolved?
What action would you like AHH Lifeskills to take to resolve your complaint?
Additional information/supporting documentation
Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the feedback/complaint.
Please sign and date this form.
Signature: Date:

Feedback form Version: 15/09/2022