

# CAHMA Client Feedback and Complaints Form



## Complaints, Comments, Compliments and Suggestions.

CAHMA is interested to receive feedback from you about our service.  
 CAHMA will collate the information provided in this form, both for statistical purposes  
 and in order to assist in improving our service delivery.  
 We would be very grateful if you could complete this form.

DATE:

### TYPE OF FEEDBACK

Is this feedback a <b>Compliment</b>	<input type="checkbox"/>	Comments:
Is this feedback a <b>Suggestion</b>	<input type="checkbox"/>	
Is this feedback <b>just feedback</b>	<input type="checkbox"/>	
Is this feedback a <b>Complaint</b>	<input type="checkbox"/>	
<b>If this is a complaint, please make sure that you fill in the back of this form.</b>		

### Feedback

Please rate from <b>poor, or not happy (0)</b> to <b>excellent, or very happy (5)</b> (Leave blank if not relevant)	0	1	2	3	4	5
<b>1. How satisfied were you with the overall service you were given?</b>						
Comments:						
<b>2. How well were you informed of what progress was being made for you?</b>						
Comments:						
<b>3. How would you rate the competence of the worker assisting you?</b>						
Comments:						
<b>4. Were you happy with the outcome of what CAHMA did for you?</b>						
Comments (Were we able to do or get what you wanted?):						
<b>5. How would you rate the level of information or education provided?</b>						
Comments:						
<b>6. How happy were you with how our staff treated you?</b>						
Comments:						
<b>7. Were you happy with how quickly CAHMA provided your service?</b>						
Comments:						
<b>8. Is there any other service you would like to see CAHMA provide, or are there any comments you would like to make?</b>						
Comments:						

# Complaints Form

This form should be forwarded to either a **CAHMA staff member or volunteer** or the **Executive Officer of CAHMA** at the CAHMA office, or **CAHMA Board of Directors, via PO Box 46, Belconnen ACT, 2616.**  
**CAHMA will respond to your complaint within five (5) working days.**

## Your CONTACT DETAILS:

This section is optional, however if you want any feedback or action taken on this matter, CAHMA will need to be able to contact you. You may leave details for a contact person (other than you) if you wish.

YOUR NAME:

YOUR CONTACT ADDRESS:

YOUR CONTACT PHONE No:

CAHMA has a formal procedure for dealing with complaints.

This is outlined in CAHMA's Complaints Policy paper, a copy of which is available from the CAHMA office.

If you are not happy with the outcome of this complaint, there are other channels which you can follow to pursue this complaint. These are also described in CAHMA's Complaints Policy paper.

**Please describe your complaint:** (If there is not enough room, please write out your complaint on a separate piece of paper and attach it to this form.)

**Can you tell us how you would like to see this complaint resolved?** (If there is not enough room, please write out your proposed resolution on a separate piece of paper and attach it to this form.)