



**FEEDBACK FORM**  
(Residential/STRC/TCP)

At Martin Luther Homes, we are always interested in hearing from you. Any feedback, good or bad, is always welcome. It enables us to improve on the quality of service that we deliver to you, our valued residents/clients.

Please use this form to submit your compliment, suggestion or complaint. This form can be dropped in at our reception, various drop off boxes within the home and mailed to us at: 67 Mount View Road, The Basin, VIC, 3154, alternatively you can email to [info@martinlutherhomes.com.au](mailto:info@martinlutherhomes.com.au) or call us directly on 03 9760 2100.

While you are able to submit this form anonymously, we encourage you to fill in your name and details below. This will mean that we can address your issue directly and that we can update you on the progress made. Your personal details will be treated confidentially.

If you find that you cannot resolve your concern directly with us, you can contact the Aged Care Quality and Safety Commission on **1800 951 822**. Should you require free Advocacy Services please contact the National Aged Care Advocacy Line on **1800 700 600**. For interpreter services please call on **131 450**.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Best Contact No:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Please describe the kind of resident/client that you are by ticking one of the boxes below:**

- I am a permanent resident at MLH
- I am a Short Term Restorative Care Client
- I am in Transition Care

I have a:  **Compliment**       **Suggestion**       **Complaint**

**Please describe details below (if you need to write in more detail please attach your own paperwork):**

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**FOR OFFICE USE ONLY:**

Feedback Form Rec. by: \_\_\_\_\_ Date received: \_\_\_\_\_

**Result of Investigation:** \_\_\_\_\_

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**Action to be taken:**

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By whom: \_\_\_\_\_ By when: \_\_\_\_\_

**OUTCOME** Complaint resolved:     YES                     NO (if no why?)

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**Has Resident/Client received a response and if so when and how:**

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**Entered into Feedback Register by:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_