

FEEDBACK FORM

(Residential/STRC/TCP)

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

Please use this form to submit your compliment, suggestion or complaint. This form can be **dropped off at reception**, placed into one of our various **drop-off boxes** within the home, **e-mailed** to <u>info@martinlutherhomes.com.au</u> or **mailed** to 67 Mount View Road, The Basin 3154. Alternatively, you can call us on 03 9760 2100.

While you can submit this form anonymously, we encourage you to fill in your name and details below. This will enable us to address your issue directly and we can update you on any progress. 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 (optional)					
Contact (optional)					
Date					
Please describe the kind of resident you are:					
 □ I am a permanent resident □ I am a Short-Term Restorative Care Client □ I am in Transition Care (TCP) 					
I have a Compliment	□ Suggestion	□ Complaint			
Please describe details					

(If you would like to write more, please attach your own paperwork.)



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FOR OFFICE USE ONLY

Feedback Form re	c. by	Date receiv	ved	
Result of Invest	igation			
Action to be tak	en			
By whom		By when		
OUTCOME	Complaint resolved	□ Yes	☐ No (why not?)	
Has resident red	ceived a response? If s	o, when and ho	w?	
Entered into Feedb	ack Register by			
Name				