



Feedback, Suggestions & Complaints Form

Irabina Autism Services aims to provide timely, accessible and premium quality services relevant to the needs of young children & adolescents and their families who are living with an autism spectrum disorder. In order to serve you better, we value your feedback on how we are doing. Your feedback will assist with our continuous quality improvement model of service delivery.

To submit your form please use one of the following methods–

- Hand to reception.
- Place in the feedback box at reception.
- Email your form to autism@irabina.com

My feedback is: Feedback Suggestion Complaint
(If this is a compliment, are you happy for it to be made public)?

Yes No

Please outline the nature of your feedback/suggestion/complaint. The more detail you provide the more appropriately we can respond. Use the reverse of this sheet or attach additional sheets if necessary.

Name of Key Worker or Team (eg Sunshine Tuesday Session, Rainbow, Jasmine, individual session etc):

Date:

Time:

Has the feedback/suggestion/complaint been made to your Key Worker or other staff member? Yes No

Event:

How would you like Irabina to respond? What outcome would you like to see?

In the case of complaints the CEO would like to acknowledge these and to take action where possible. If you are prepared to allow discussion of your complaint, please provide your name and contact number.

The CEO will contact you and will attempt to resolve the complaint or the difficulty experienced.

Name:

Phone number:

FOR OFFICE USE ONLY

How was this form received?

Action Taken:

Date: