Consumer feedback form

**Guidelines for Providers**

This document can be used by service providers to provide an easy and accessible way for consumers, family members, representatives and others to provide feedback to the service.

The document is mostly non-editable however it is editable in the relevant areas where you can place your logo and address. The form is intended to be used as a printed version however if you want to embed it into your feedback systems, the text can be copied and pasted but its content cannot be edited.

It has been developed by the Centre for Cultural Diversity in Ageing. Contact the Centre if you have any questions at info@culturaldiversity.com.au

**Key considerations for obtaining feedback from older people from diverse cultural backgrounds:**

1. People should have the opportunity to provide their feedback in their preferred language. If they choose to fill out the form in a language other than English the service will need to engage a NAATI accredited translation service to translate it back into English.
2. Ask the person if they need would like another person to help support them with giving feedback such as a carer, family member or someone they trust.
3. Consider diversity in the way in which older people may connect with the concept of feedback based on their life experiences. For more information download the Centre for Cultural Diversity in Ageing Practice Guide: Culturally Inclusive Feedback - [Centre for Cultural Diversity in Ageing Practice Guides](http://www.culturaldiversity.com.au/service-providers/practice-guides)
4. Inform the person of their right to privacy and offer them the Aged Care Charter of Rights in their preferred language. Direct them in how they can put the form into a suggestion box or through a mailing address. Translated versions of the Aged Care Charter of rights can be found at: [Aged Care Charter of Rights](https://www.agedcarequality.gov.au/resources/translated-charter-aged-care-rights-template-signing)
5. Inform the person on how your service handles personal information and inform them of the privacy policy and how their personal information will be used.
6. Inform the person on how the service will follow up on their feedback to support them to feel respected and safe in relation to the process that will follow after they give their feedback.
7. Give the person a copy of the Aged Care Quality and Safety Commission “Do you have a concern?” brochure in their preferred language. It is available in 25 languages and can be found at: [Do you have a concern? brochures](https://www.agedcarequality.gov.au/resources/do-you-have-concern-brochure)

[**www.culturaldiversity.com.au**](http://www.culturaldiversity.com.au)

**意见反馈表**

***Feedback Form***

[SERVICE NAME AND LOGO]

**欢迎提供反馈意见**

***We welcome your feedback***

您有权以您偏好的语言填写此表格，或使用口译员协助。您可以要求服务机构的工作人员安排口译员协助您，或在以下的方框内打勾并展示给他们看。

*You have the right to complete this form in your preferred language or have an interpreter to support you. You can ask a person who works at the organisation if you need an interpreter or tick the box below and show them.*

我需要口译员协助 □

*I need an interpreter*

**这是一则: □ 表扬 □ 投诉 □ 建议**

***This is a:*** *Compliment Complaint Suggestion*

**我是:** □ 住客□ 住客的家人 □ 住客的代表/护理员 □ 其他人士

***I am a:*** *Client**Family member Representative/carer Other*

**我的反馈意见是关于: □ 员工 □ 住客 □ 所接受的服务 □ 其他事项**

***My feedback is about a:*** *Staff member**Resident**Services I am receiving**Other*

**您的反馈（您可以用您偏好的语言填写。如需更多空间填写意见，可另纸或在此页背面填写）
*Your Feedback (you can write in your preferred language. If you need more space to write your comments, you can add a page or write at the back of this page)***

**您希望您的反馈意见产生什么结果？（您可以用您偏好的语言填写。如需更多空间填写意见，可另纸或在此页背面填写）
*What would you like to see happen as a result of your feedback? (you can write in your preferred language. If you need more space to write your comments, you can add a page or write at the back of this page)***您如果希望以匿名方式提供反馈，可将此表放入服务提供机构的意见收集箱或邮寄到：

*If you want your feedback to be anonymous you can place it into a suggestion box at the service or post it to:*

……………………………………

**跟进（可选项）**

***Follow up (optional)***

您如果希望我们就有关反馈与您联系，请提供您的联系方式。所有反馈均被保密。

*Provide your details if you would us to contact you about your feedback. All feedback is confidential.*

姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*

电话:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone*

电邮: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email*

**反馈意见提交给服务提供机构后的处理流程：**

***Here is what to expect after your feedback is given to the service:***

1. 确认接收到您的反馈

*Your feedback is received and acknowledged*

1. 如有需要，服务提供机构将联系您进一步讨论

*If required, someone from the service will contact you to discuss further*

1. 服务提供机构将利用您的反馈来学习如何改进服务

*The service will use your feedback to learn how it can improve*

### 如果无法通过服务提供机构解决您的反馈，您可以致电 1800 951 822 与老年护理质量及安全委员会（Aged Care Quality and Safety Commission）联系。如需口译服务，请致电 131 450 （全国口笔译服务处（Translating and Interpreting Service (TIS) National））。

### *If you cannot resolve your feedback with the service provider, you can contact the Aged Care Quality and Safety Commission on 1800 951 822. If you need an interpreter call 131 450 (Translating and Interpreting Service (TIS) National).*

**感谢您花时间对我们的服务提供反馈意见。**

***Thank you for taking the time to provide feedback about our service.***