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](mailto: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 at: [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)

**Formola għall-kummenti**

***Feedback Form***

[SERVICE NAME AND LOGO]

**Aħna nilqgħu l-kummenti tiegħek**

***We welcome your feedback***

Għandek id-dritt li timla din il-formola bil-lingwa preferuta tiegħek jew li jkollok interpretu biex jgħinek. Jekk għandek bżonn ta’ interpretu, tista’ ssaqsi persuna li taħdem fl-organizazzjoni jew għamel sinjal fil-kaxxa ta’ hawn taħt u urijilhom.

*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.*

Għandi bżonn interpretu □

*I need an interpreter*

**Dan huwa:** □ Kumpliment □ Ilment □ Suġġeriment

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

**Jiena:** □ Klijent□ Membru tal-familja □ Rappreżentant/Għandi rwol  
***I am a:*** *Client**Family member Representative/carer* tal-għoti ta’ kura □ Xi rwol ieħor

*Other*

**Il-kumment tiegħi huwa fuq:** □ Impjegat□ Resident□ Servizzi li qed nirċievi

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

□ Xi ħaġa oħra

*Other*

**Il-kumment tiegħek (tista’ tikteb bil-lingwa ippreferuta tiegħek. Jekk għandek bżonn ta’ aktar spazju biex tikteb il-kummenti tiegħek, tista’ żżid paġna jew ikteb fuq wara ta’ din il- paġna)   
*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)***

**X’tixtieq li tara li jseħħ bħala riżultat tal-kumment tiegħek? (tista’ tikteb bil-lingwa ippreferuta tiegħek. Jekk għandek bżonn ta’ aktar spazju biex tikteb il-kummenti tiegħek, tista’ żżid paġna jew ikteb fuq wara ta’ din il- paġna)   
*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)***

Jekk trid li l-kumment tiegħek ikun anonimu tista’ titfgħu ġewwa kaxxa tas-suġġerimenti li hemm fis-servizz jew ibgħatu bil-posta f’dan l-indirizz:

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

………………………………………………

**Segwitu (jekk trid)**

***Follow up (optional)***

Agħti d-dettalji tiegħek jekk tridna nikkuntattjawk dwar il-kumment tiegħek. Kull kumment huwa kunfidenzjali.

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

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

Telefown:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone*

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email*

**X’għandek tistenna wara li l-kumment tiegħek jingħata lis-servizz:**

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

1. Il-kumment tiegħek jiġi riċevut u rikonoxxut

*Your feedback is received and acknowledged*

1. Jekk ikun hemm bżonn, xi ħadd mis-servizz jikkuntattjak biex jiddiskuti aktar fil-fond

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

1. Is-servizz juża l-kumment tiegħek biex jitgħallem kif jista’ jittejjeb

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

### Jekk ma tistax tirrisolvi l-kumment tiegħek mal-fornitur tas-servizz, tista’ tikkuntattja lill-Kummissjoni għall-Kwalita` u s-Sigurta` tal-Kura tal-Anzjani (Aged Care Quality and Safety Commission) fuq 1800 951 822. Jekk għandek bżonn ta’ interpretu, ċempel 131450 Servizz Nazzjonali ta’ Traduzzjoni u Interpretazzjoni (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).*

**Grazzi talli sibt il-ħin biex tagħti l-kumment tiegħek fuq is-servizz tagħna.**

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