

FEEDBACK & COMPLAINTS FORM

SECTION 1 – CONTACT DETAILS			
Would you like to remain anonymous? <i>If “yes”, please go to Section 2</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			
Phone number:			
Email:			
Would you like to be contacted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2 – RELATION TO THE ORGANISATION			
What is your relation to Real Living Options Association Inc?			
<input type="checkbox"/> Participant <input type="checkbox"/> Family member of a Participant <input type="checkbox"/> Lifestyle Assistant		<input type="checkbox"/> Service Provider Representative <input type="checkbox"/> Member of the public <input type="checkbox"/> Other	
If other, please specify:			
Are you submitting this on behalf of someone else? <i>If “no” go to Section 3</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the person aware that you are submitting this on their behalf?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you disclose who this relates to?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:			
Relation to the organisation:			
SECTION 3 – FEEDBACK AND COMPLAINT DETAILS			
<input type="checkbox"/> I would like to provide feedback to RLO about possible improvements			
<input type="checkbox"/> I would like to recognise someone at RLO for their efforts			
<input type="checkbox"/> I have a concern I would like to raise			
<input type="checkbox"/> I would like to make a formal complaint			
Please provide further details on the feedback or complaint also adding if you have reached out to RLO before regarding this matter			
Please provide details on what outcome you are seeking from your feedback or complaint			