

Complaint and Feedback Form

EPIC welcomes feedback and complaints from you, your family, carers, advocates and members of the general public. This is because it helps us to know what we are doing right and where and how we can improve our services. Please fill out the form below if you are wanting to provide feedback or lodge a complaint.

Full Name: _____

Phone: _____

E-mail: _____

Relevant
Location: _____

Your relationship to EPIC:

- Participant
- Participant Relative/Guardian
- Employee
- Member of the Public
- Other: _____

Preferred contact method:

- Email
- Phone

How do you wish to provide this:

- Confidentially: This means your feedback is only provided to those who need to know about it
- On behalf of someone else: This means you are submitting the complaint/feedback on behalf of someone else
- Anonymously: This means you don't have to give us your name. However, you need to provide as much information as possible so that we can investigate properly

Select feedback/complaint type:

- Complaint
- Compliment
- Feedback
- Other: _____

Select feedback/complaint category:





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- Abuse and neglect
- Bullying and harassment
- Communication
- Duty of Care
- Expression of praise
- Employee behaviours / attitude
- Employee skills / knowledge
- Personal health / safety / well-being
- Policies and procedures
- Restrictive practice
- Rights of the participant
- Service management
- Service provision quality
- Vehicle driving incident
- Other, please specify: _____

Details of your feedback or complaint (please provide as much information as possible):





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Who is the feedback/complaint about?

- Employee
- Management
- Executive / CEO
- Participant
- Family / Guardian
- Other: _____

Date occurred: _____

Time occurred (if known): _____

Do you require any additional support with communication?

- Yes
- No

If yes please specify: _____

What outcome do you wish to achieve?

