

# Meals on Wheels™ Queensland



## Complaints & Feedback Form

Date of Complaint/Feedback:

Complaint/Feedback Number:

Details of Person Providing Feedback (optional if anonymous):

- Name:
- Contact Number:
- Relationship to Service:  
 Client  Carer/Family  Volunteer  Staff  Other:

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### 1. Type of Feedback

- Compliment
- Suggestion for improvement
- Complaint – Minor (informal, can be resolved quickly)
- Complaint – Critical (serious issue – privacy, abuse, fraud, neglect, misconduct)

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### 2. Details of Feedback / Complaint

Please describe what happened (who, what, when, where):

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### 3. Desired Outcome (if any)

What would you like to see happen as a result of this feedback/complaint?

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### 4. Office Use Only – Action Taken

- Date complaint acknowledged: \_\_\_\_\_ (within 3 business days if major/critical)
- Action steps taken:

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- Outcome/resolution: \_\_\_\_\_
- Resolution provided to complainant on: \_\_\_\_\_
- Was the complainant satisfied?  Yes  No  Partially

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### 5. Sign-Off

- Person responsible for action: \_\_\_\_\_
- Position: \_\_\_\_\_

- Date resolved: \_\_\_\_\_
  - Signature: \_\_\_\_\_
  - Reviewed and signed off by (CEO/Senior Manager): \_\_\_\_\_
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**Important notes for clients, carers, volunteers, and staff:**

- You will never be disadvantaged or punished for raising a concern in good faith.
- Your complaint will be kept confidential and handled fairly.
- If you are not satisfied with the outcome, you may appeal or contact:
  - **Aged Care Quality and Safety Commission** – 1800 951 822
  - **Queensland Ombudsman** – 1800 068 908
  - **NDIS Commission** (if relevant) – 1800 035 544

