

Name of area/staff member responsible (if known)

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IF YOU ARE MAKING A COMPLAINT date of occurrence:/...../.....

Have you previously contacted us about this issue? Yes / No (please provide details)

What outcome are you seeking?

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Do you have a disability or injury that is likely to require alternative contact from this department?

Telephone Typewriter Yes No

Interpreter Service Yes No

If you are writing on someone else's behalf, please fill in their details:

Name:

File Reference:

Address:

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Phone No:

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Fax number:

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Email:

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Healthy Minds Specialist Clinical Psychologists is committed to protecting your privacy. We collect and handle personal information that you provide on this form for investigating and responding to your complaint, compliment or feedback. *Healthy Minds Specialist Clinical Psychologists* will only use your information in accordance with relevant privacy and other laws. For us to provide the best possible service, we may need to share your personal information with others, such as GP, schools etc. that deals with the concerns identified in your feedback.

Please be advised that compliments may be used and published by *Healthy Minds Specialised Clinical Psychologists* to promote services. No personal or identifying information will be used. If you do not want your compliment to be published, please let us know.

If you choose to remain anonymous, *Healthy Minds Specialised Clinical Psychologists* may be unable to respond to your complaint, compliment or feedback.

If you wish to contact *Healthy Minds Specialised Clinical Psychologists* who are responsible for managing the personal information that you provide on this form, please call 07 3871 3980 or email: admin@healthymindspsychologists.com

You also have the right to access your information and seek its correction under the *Freedom of*

Information Act 1982 (Cth) and Right to Information Act 2009 (Qld).
For information about making a Freedom of Information application contact NDIS Quality and Safeguard Commission on 1800 035 544.

Signature:

Date:

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