

Moonya Community Services Inc - Complaints Form

Complaints about Moonya can be made in a number of ways:

In person, in writing, by telephone, fax or e-mail. They should be made directly to Manager of the area of Moonya that provides your service and/or to the Chief Executive Officer. The following form is to be completed by the person making the complaint or by a representative of Moonya.

There are many benefits to raising a complaint with Moonya and to identifying a solution as soon as possible. As part of the *Disability Act 2006*, Moonya has a new complaints process in place. The complaints process can lead to better services for people at Moonya, so coming up with solutions together is good for everyone.

If you're unable to resolve your complaint with Moonya, the Chief Executive Officer will help you lodge your complaint with Disability Services Commissioner who can assist.

If you like you can contact the Disability Services Commissioner yourself on 1800 677 342 (free call), 1300 728 187 (local call) or TTY 1300 726 563.

1. Are you making the complaint on behalf of someone else?

Yes

No Go to question 3 (Please tick one box only)

If yes:

What is your relationship to the person receiving the disability service (Eg. parent, advocacy support worker, carer etc).

2. Does the person know you are making the complaint on their behalf?

Yes

No

(Please tick one box only)

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3. Please provide the name and contact details of the person receiving services from Moonya (i.e. the person that the complaint relates to):

Name:	
Address:	
Phone Number:	

4. If you are making this complaint on someone else's behalf, please provide your name and contact details:

Name:	
Address:	
Phone Number:	

5. Have you raised your complaint with anyone at Moonya or the Manager of the area you receive services from?

Yes

No

(Please tick one box only)

If yes, please provide details. If no, please explain why.

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- 6. Please provide the department area and names of the people involved at Moonya in your complaint:**

Area of Moonya Service (e.g Day Program, Business Services, Disability Employment Network)	
Name of the person/s involved:	

- 7. Description of your complaint:**

Please provide as much detail as possible about the complaint including who, what, where and when:

