## Quitline Complaint and Compliments Form

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback, including complaints in line with the [Complaints and Compliments Policy](https://www.quit.org.au/documents/353/Complaints_and_Compliments_Policy.pdf).

Please let us know what we do well and where we can improve our services.

Indicate your responses below with an X.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This is a:** | Complaint |  | Compliment |  |

**Section 1: Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Do you want to remain anonymous?

**Personal details**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Telephone number: |  |
| Email address: |  |

Do you require an interpreter?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | If **yes**, which language? |  |

Are you providing feedback on another person’s behalf?

|  |  |  |  |
| --- | --- | --- | --- |
| No *(go to Section 4)* |  | Yes |  |

**Section 2: Feedback made on another person’s behalf**

Please provide the following details about the person on whose behalf you are acting:

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Telephone number: |  |
| Email address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Are you a legal representative for the person who received the service (e.g. parent of a child under 18 years or guardian)?

If **yes**, please provide details:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **no**, please provide the reason why:

Are we able to speak with the person who received the service?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If **no**, please provide the reason why:

**Section 3: Other person’s consent for feedback made on their behalf**

If you are providing this feedback on another person’s behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I, (insert name of person giving consent) give permission to (insert name of person receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Section 4: Please describe the incident you are complaining about or complimenting**

Please provide details of the incident, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

**Section 5: What outcomes would you like as a result of providing your feedback?**

**Section 6: Privacy**

The Quitline is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

The Quitline will only use your information in accordance with relevant privacy and other laws.

For more information about our privacy policy please go to: [www.quit.org.au/articles/privacy-policy](http://www.quit.org.au/articles/privacy-policy)

Thank you for taking the time to provide feedback about our service.