

## Complaints and Feedback Form

Settlement Services International (SSI) welcomes complaints and feedback and we think it is important that we know when we are doing a good job and when we need to improve.

If you need help completing this form, or contacting us directly, please see the information below:

|   |                  |                  |
|---|------------------|------------------|
| <b>ATIS is an automated immediate interpreting service for agency clients who need to access a phone interpreter.</b> |                  |                  |
| Automated Telephone Interpreting Services (ATIS)  |                  | Ph. 1800-131-450 |
| <b>For deaf, hearing or speech impairment clients</b>   |                  |                  |
| National Relay Services (NRS) Calls   | TTY/Voice        | Ph. 133-677      |
|   | Speak and Listen | Ph. 1300-557-727 |
|   | SMS Relay        | Ph. 0423-677-767 |
| <b>Interpreting services for clients who do not speak English</b>   |                  |                  |
| Translating and Interpreting Services (TIS)   |                  | Ph. 131-450      |

|   |  |  |                                |
|---|--|--|--------------------------------|
| <b>I would like to:</b>                                     |  |  |                                |
| <input type="checkbox"/> Make a complaint                   | <input type="checkbox"/> Give feedback | <input type="checkbox"/> Be anonymous                    |                                |
| <b>What is your relationship to SSI?</b>                    |  |  |                                |
| <input type="checkbox"/> Client                             | <input type="checkbox"/> Carer         | <input type="checkbox"/> Community Member                | <input type="checkbox"/> Other |
| <b>Cultural and Language Diversity</b>                      |  |  |                                |
| Do you identify as having a disability?                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| If 'yes' please provide details                             |  |  |                                |
| Do you speak a language other than English at home?         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| If 'yes' please provide details                             |  |  |                                |
| Do you identify as an Aboriginal or Torres Strait Islander? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| If 'yes' please state which or both                         |  |  |                                |

| Section 1: Your Details |  |                                       |                              |                                 |
|-------------------------|--|---------------------------------------|------------------------------|---------------------------------|
| Title                   | <input type="checkbox"/> Mr            | <input type="checkbox"/> Mrs          | <input type="checkbox"/> Ms  | <input type="checkbox"/> Miss   |
| First name              |  |                                       | Surname                      |                                 |
| Address                 |  |                                       |                              |                                 |
| Suburb                  |  |                                       | Postcode                     |                                 |
| Phone number            |  |                                       | Email                        |                                 |
| Under 18 years of age?  | <input type="checkbox"/> Yes           | If you are under 18, how old are you? |                              |                                 |
|                         | <input type="checkbox"/> No            |                                       |                              |                                 |
| SSI Program             | <input type="checkbox"/> Ability Links | <input type="checkbox"/> ESS          | <input type="checkbox"/> HSP | <input type="checkbox"/> Foster |
|                         | <input type="checkbox"/> Other         |                                       |                              |                                 |
| Boat ID                 |  |                                       |                              |                                 |

| Section 2: Complaint or Feedback Information                      |  |
|---|--|
| Have you contacted SSI about this before?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If <b>'yes'</b> who did you contact?                              |  |
| Have you reported your complaint or feedback to any other agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If <b>'yes'</b> what agency did you contact?                      |  |
| Would you like to be contacted about your complaint or feedback?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Section 3: Complaint/Feedback Details – what would you like to tell us? |
|---|
|   |

| What is your expected outcome? |  |             |  |
|--------------------------------|--|-------------|--|
|                                |  |             |  |
| <b>Signed</b>                  |  | <b>Date</b> |  |

**Where to send your form once it is completed**

- By mail: SSI Investigation & Compliance Officer  
Level 2, 158 Liverpool Rd, Ashfield NSW 2131
- By fax: SSI Investigation and Compliance Officer  
(02) 8799-6799
- By email: [feedback@ssi.org.au](mailto:feedback@ssi.org.au)
- In person: By attending your local SSI Office at one of the following locations
  - Ashfield Office  
Level 2, 158 Liverpool Rd, Ashfield NSW 2131
  - Bankstown Office  
Level 2, 462 Chapel Rd, Bankstown NSW 2200
  - Coffs Harbour Office  
2/126 West High Street, Coffs Harbour, NSW 2450
  - Liverpool Office  
2/45-47 Scott Street, Liverpool NSW 2170
  - Parramatta Office  
Level 1, 81 George St, Parramatta NSW 2150
- By phone 1800-916-857

**What happens once we receive your complaint or feedback?**

We will contact you within two (2) business days of receiving your form and to talk about how we can resolve or address your complaint or feedback.