Feedback and Complaints Form

Settlement Services International Limited and its subsidiary entities (SSI Group) welcomes feedback and complaints 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, please contact us directly or use one of the following services.

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

Collection of Personal Information

The personal information we collect from you on this form will be used to respond to your query or feedback. We may disclose your personal information to other members of SSI Group or anyone we engage to do something on our behalf, and other organisations that assist us with our business. Our privacy policy is available at [www.ssi.org.au](../01.%20Quality%20%26%20Compliance/Forms_Templates/www.ssi.org.au) or by calling our Head Office on (02) 8799-6700 and contains information about how we handle your personal information.

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| I would like to: | | |
| Give feedback | Make a complaint | Be anonymous |

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| --- | --- | --- |
| **Are you giving this feedback or making this complaint on behalf of another person?** | Yes | No |

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| What is your (or the complainant’s) relationship to SSI Group? | | | |
| Client | Carer | Community Member | Other |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1: Your Details (or the complainants) | | | | | | | | | |
| Title | Mr | | | Mrs | | Ms | | Miss | |
| First name |  | | | | Surname | |  | | |
| Address |  | | | | | | | | |
| Suburb |  | | | | Postcode | |  | | |
| Phone number |  | | | | Email | |  | | |
| Under 18 years of age? | | Yes | No | | If you are under 18, how old are you? | | | |  |
| Are you an SSI Group client/participant? | | Yes | Name of program/service | | | |  | | |
| No | What program/service do you wish to comment on? | | | |  | | |
| NDIA Participant No. (if known) | | |  | | | | | | |
| When is the best time to contact you? | | | Morning | | | | Afternoon | | |
| Evening | | | | Any | | |

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| Section 2: Cultural and Language Diversity | | | |
| Do you identify as having a disability? | | Yes | No |
| If ‘yes’ please provide details |  | | |
| Do you speak a language other than English at home? | | Yes | No |
| If ‘yes’ please provide details |  | | |
| Do you identify as an Aboriginal or Torres Strait Islander? | | Yes | No |
| If ‘yes’ please state which or both |  | | |

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| --- | --- | --- | --- |
| Section 3: Feedback or Complaint Information | | | |
| Have you contacted SSI Group about this before? | | Yes | No |
| If ‘yes’ who did you contact? |  | | |
| Have you reported your feedback or complaint to any other agency? | | Yes | No |
| If ‘yes’ what agency did you contact? |  | | |
| Would you like to be contacted about your feedback or complaint? | | Yes | No |

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| Section 4: Feedback/Complaint details – what would you like to tell us? |
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| --- | --- | --- | --- |
| What is your expected outcome? | | | |
|  | | | |
| **Signed** |  | **Date** |  |

Where to send your form once it is completed

* By mail: SSI Group’s Investigation & Compliance Officer, Level 2, 158 Liverpool Rd, Ashfield NSW 2131
* By email: [feedback@ssi.org.au](mailto:feedback@ssi.org.au)
* In person: By attending your local SSI Group Office
* By phone: 1800-916-857

What happens once we receive your feedback or complaint?

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