

If you have any concerns

Please speak to a Helping Hand staff member first to see if the issue can be resolved straight away. Please remember that in most instances complaints can be resolved promptly simply by talking to staff. You may also approach a manager and they will do all they can to resolve the matter to your satisfaction.

You may also seek independent advice from external organisations such as:

NDIS Commission

1800 035 544 or ndiscommission.gov.au

Disability Rights Advocacy Service

08 8351 9500 or dras.com.au

Disability Advocacy and Complaints Service of South Australia

08 7122 6030 or dacssa.org.au

Health and Community Services Complaints Commissioner

1800 232 007 or hcsc.sa.gov.au

Office of the Public Advocate

1800 066 969 or opa.sa.gov.au

What you can do and what to expect

To improve the service that we provide we need to hear your comments regarding anything that affects the quality of service and care that you receive.

If you have a suggestion, compliment or complaint we invite you to speak with staff or a manager, or fill in this form. Your views are extremely important to us.

We will respond as soon as possible and inform you of how we are acting on your feedback. All information related to your feedback will be treated confidentially, with respect and sensitivity. We will work with you to find the best way to respond to your feedback.

We value your feedback - help us improve our services

Helping Hand staff are committed to providing safe, professional, high quality services.

Your feedback could make us aware of problems we don't know about, so we want to hear from you.

You may be satisfied with the way we provide a particular service, or you may have a concern. We would like to hear your suggestions or comments on any issues that impact you.

T 1300 653 600

A Feedback
Helping Hand
PO Box 66
North Adelaide SA 5006

E feedback@helpinghand.org.au

www.helpinghand.org.au

We value your feedback

Thank you for your feedback.
Please give this completed form
to a staff member or use the
contact details on the back of this
brochure to post or email it to us.

Please rate your overall satisfaction by ticking a box under a smiley face

 Very unhappy
  Unhappy
  Neutral
  Happy
  Very happy

Feedback is powered
by Tell Touch



Please choose one of the feedback areas below and tick the box that applies to your feedback

Today's date: / /20

My Rights	Communication	My Support	Plan Management	My Team	My Care	Other
<input type="checkbox"/> I don't feel my rights are respected	<input type="checkbox"/> No-one arrived and I wasn't told	<input type="checkbox"/> I'm not asked where I'd like to go	<input type="checkbox"/> My invoice is incorrect	<input type="checkbox"/> They don't know me	<input type="checkbox"/> I need more help with my medical care	<input type="checkbox"/> Anything else (comment below)
<input type="checkbox"/> I don't feel heard	<input type="checkbox"/> My Support Worker came at the wrong time	<input type="checkbox"/> My agreed support is not suitable	<input type="checkbox"/> My fees changed and I wasn't told	<input type="checkbox"/> They're consistently late	<input type="checkbox"/> I need more help with my medication	
<input type="checkbox"/> My values are not considered	<input type="checkbox"/> I wasn't told my Support Worker would be late	<input type="checkbox"/> I need changes to my Agreed Plan	<input type="checkbox"/> I don't understand the fees and charges	<input type="checkbox"/> They left early	<input type="checkbox"/> Staff are not trained to meet my specific needs	
<input type="checkbox"/> I feel rushed in meetings	<input type="checkbox"/> Staff ask too many personal questions	<input type="checkbox"/> I never hear from my coordinator	<input type="checkbox"/> Other (Plan Management)	<input type="checkbox"/> They haven't read my support plan	<input type="checkbox"/> My specific needs are not understood	
<input type="checkbox"/> I had no option for supporters in my meeting	<input type="checkbox"/> I never receive any responses	<input type="checkbox"/> I'm not helped to achieve my goals		<input type="checkbox"/> I don't have consistent Support Workers	<input type="checkbox"/> My plans for my specific needs are inadequate	
<input type="checkbox"/> I was given incomplete support information	<input type="checkbox"/> I don't know how to give feedback or complaints	<input type="checkbox"/> I'm not helped to access my money		<input type="checkbox"/> They don't know what they're doing	<input type="checkbox"/> Other (My Care)	
<input type="checkbox"/> I don't understand the information I was given	<input type="checkbox"/> Other (Communication)	<input type="checkbox"/> My Support Worker never showed up		<input type="checkbox"/> They were rude		
<input type="checkbox"/> Other (My Rights)		<input type="checkbox"/> I'm not consulted about my support		<input type="checkbox"/> They don't talk		
		<input type="checkbox"/> Other (My Support)		<input type="checkbox"/> I don't feel safe with my Support Worker		
				<input type="checkbox"/> Other (My Team)		

Please add any comments about your feedback in the box below

Consumer name: _____ This is me
 Primary representative name: _____ This is me
 My email address (optional): _____
 My phone number (optional): _____

How would you like to be contacted with a response to your feedback?

Email Phone In person
 No response needed

To make contacting you easier, we can provide access to:

An interpreting service - please specify language: _____
 An advocacy service to give you information on your rights and provide support