



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 the manager and they will do all they can to resolve the matter to your satisfaction.

You may seek independent advice from external organisations such as:

Aged Rights Advocacy Service
08 8232 5377 or 1800 700 600
sa.agedrights.asn.au

Older Persons Advocacy Network
1800 700 600 or opan.org.au

Aged Care Quality and Safety Commission
1800 951 822 or agedcarequality.gov.au

**Health and Community Services
Complaints Commissioner**
1800 232 007 or hcsc.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 the manager. Your views are extremely important to us.

We will respond promptly and keep you informed about what we are doing to address 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.

Your voice matters.
Together we can make care better.

We value your feedback - help us improve our care services

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

Your feedback helps us improve and ensures your rights are respected.

Why your feedback matters

Your feedback helps us identify what we are doing well and where we can improve.

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



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



Today's date: / /20

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

Billing	Care	Case Management	Domestic Assistance	Communication	My Feelings	Transport	Other
<input type="checkbox"/> My invoice is incorrect	<input type="checkbox"/> I'm not consulted about my care	<input type="checkbox"/> I need to see someone	<input type="checkbox"/> Staff didn't clean properly	<input type="checkbox"/> No one came and I wasn't told	<input type="checkbox"/> I do not feel safe with a carer	<input type="checkbox"/> I feel scared with the carer driving	<input type="checkbox"/> Anything else (please comment below)
<input type="checkbox"/> My fees changed & I was not informed	<input type="checkbox"/> I don't have consistent staff	<input type="checkbox"/> My plan needs review	<input type="checkbox"/> I didn't like the meal prepared	<input type="checkbox"/> The carer came at the wrong time	<input type="checkbox"/> Staff were rude today	<input type="checkbox"/> I don't like where the carer takes me	
<input type="checkbox"/> I don't understand the fees & charges	<input type="checkbox"/> I need more help with personal hygiene	<input type="checkbox"/> My needs have changed	<input type="checkbox"/> I can't access parts of my home safely	<input type="checkbox"/> The carer was late and I wasn't told	<input type="checkbox"/> My privacy or rights aren't respected	<input type="checkbox"/> I'm not consulted where I'd like to go for an outing	
<input type="checkbox"/> I'd like to discuss my invoice	<input type="checkbox"/> I need more help with medication	<input type="checkbox"/> Other (case management related)	<input type="checkbox"/> The gardening tasks weren't done	<input type="checkbox"/> The carer left early today	<input type="checkbox"/> Staff talk too much	<input type="checkbox"/> Other (transport related)	
<input type="checkbox"/> Other (billing related)	<input type="checkbox"/> I need more help with medical care		<input type="checkbox"/> Other (domestic assistance related)	<input type="checkbox"/> Staff ask too many personal questions	<input type="checkbox"/> Staff don't talk to me		
	<input type="checkbox"/> Staff aren't skilled enough			<input type="checkbox"/> Other (communication related)	<input type="checkbox"/> My values are not considered		
	<input type="checkbox"/> Other (care related)				<input type="checkbox"/> Other (my feelings related)		

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

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.