



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

NDIS Commission
1800 035 544 or ndiscommission.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

Activities	Care	Cleaning	Communications	Food	My Feelings	Other
<input type="checkbox"/> I don't like the activities	<input type="checkbox"/> I need more help with personal hygiene	<input type="checkbox"/> My room isn't cleaned well	<input type="checkbox"/> I'm not told what's happening	<input type="checkbox"/> There wasn't enough	<input type="checkbox"/> I don't like it here	<input type="checkbox"/> Anything else (please comment below)
<input type="checkbox"/> There aren't enough activities	<input type="checkbox"/> I need more help with medication	<input type="checkbox"/> My bathroom isn't cleaned well	<input type="checkbox"/> I'm not invited to join groups	<input type="checkbox"/> It was cold	<input type="checkbox"/> I don't feel safe	
<input type="checkbox"/> I'm not asked to attend activities	<input type="checkbox"/> I need more help with medical care	<input type="checkbox"/> Public areas aren't cleaned well	<input type="checkbox"/> I can't communicate with others	<input type="checkbox"/> It wasn't what I like	<input type="checkbox"/> My privacy or rights aren't respected	
<input type="checkbox"/> There's nothing to do on weekends	<input type="checkbox"/> Staff are not skilled enough	<input type="checkbox"/> Outside areas require cleaning	<input type="checkbox"/> Staff attitude is poor	<input type="checkbox"/> It was poor quality	<input type="checkbox"/> I feel lonely	
<input type="checkbox"/> No one has asked me what I like	<input type="checkbox"/> Other (care related)	<input type="checkbox"/> Other (cleaning related)	<input type="checkbox"/> Other (communications related)	<input type="checkbox"/> Other (food related)	<input type="checkbox"/> My values are not considered	
<input type="checkbox"/> Other (activities 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 that can 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.