

Lives are improved when we live in a just and inclusive society, where all people have access to quality care and support.

## PRIVACY

Staff are committed to respecting your confidentiality and privacy. Wesley Mission Victoria will only disclose your information if it is authorised by you or it is a legal requirement.

Please forward this completed form to the Manager of the Program **or** Quality, Risk and Compliance Manager at the Central Office:

### Wesley Mission Victoria

Reply Paid 85995  
A'Beckett St VIC 8006

For more information

**T:** (03) 9662 2355

**E:** [feedback@wesley.org.au](mailto:feedback@wesley.org.au)

**[www.wesley.org.au](http://www.wesley.org.au)**

Office use only

Date Entered: \_\_/\_\_/\_\_

You can also make a complaint at any time through the following external bodies:

### Disability Services

Disability Services Commissioner:

**T:** 1800 677 342

**E:** [complaints@odsc.vic.gov.au](mailto:complaints@odsc.vic.gov.au)

### Children, Youth and Family

Department of Human Services:

**T:** 1300 884 706

**E:** [complaints.reception@dhs.vic.gov.au](mailto:complaints.reception@dhs.vic.gov.au)

### Homelessness Services

Homelessness Advocacy Services:

**T:** 1800 066 256

**E:** [has@chp.org.au](mailto:has@chp.org.au)

### Employment Services

Complaints, Resolution and Referral Service:

**T:** 1800 880 052

### Home and Community Care Services (HACC)

Manager, Complaints, Integrity and Privacy Unit

**T:** 1300 884 706

**E:** [complaints@health.vic.gov.au](mailto:complaints@health.vic.gov.au)

### Aged Care (Irving Benson Court)

Aged Care Complaints Scheme:

**T:** 1800 550 552



# Have your say

Your feedback will help us improve our services

Hope Compassion Justice



Part of the Uniting Church in Australia and a member of the UnitingCare network

### What you can expect from us:

- ▶ A timely response
- ▶ No negative consequences for making a complaint
- ▶ To be treated with fairness and respect

We welcome your feedback

Which Wesley Mission Victoria program/service is your feedback about?: \_\_\_\_\_

Today's Date: \_\_/\_\_/\_\_\_\_

### Your details:

I would like my feedback to be anonymous

Your Name: \_\_\_\_\_

Your DOB: \_\_/\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

### Complete this box if your feedback is on behalf of someone else.

Name of that person: \_\_\_\_\_

What is your relationship to them? \_\_\_\_\_

Which Wesley Mission Victoria program/service do they use? \_\_\_\_\_

### What would you like to tell us?

✓ Please tick below:

- ☹Complaint     😊Suggestion     😊Compliment

If there is not enough space, please attach another page

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### Please select how we can respond to you best:

- I would like a response to my feedback
- Please call me so I can give you more information
- I will need an interpreter.  
Preferred language: \_\_\_\_\_

### What would you like to see improved as a result of your feedback?

Please make sure you have provided your contact details.

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Thank you for taking the time to provide your feedback