Consumer feedback form

**Guidelines for Providers**

This document can be used by service providers to provide an easy and accessible way for consumers, family members, representatives and others to provide feedback to the service.

The document is mostly non-editable however it is editable in the relevant areas where you can place your logo and address. The form is intended to be used as a printed version however if you want to embed it into your feedback systems, the text can be copied and pasted but its content cannot be edited.

It has been development by the Centre for Cultural Diversity in Ageing. Contact the Centre if you have any questions at info@culturaldiversity.com.au

**Key considerations for obtaining feedback from older people from diverse cultural backgrounds:**

1. People should have the opportunity to provide their feedback in their preferred language. If they choose to fill out the form in a language other than English, the service will need to engage a NAATI accredited translation service to translate it back into English.
2. Ask the person if they need or would like another person to help support them with giving feedback, such as a carer, family member or someone they trust.
3. Consider diversity in the way in which older people may connect with the concept of feedback based on their life experiences. For more information visit the Centre for Cultural Diversity in Ageing Practice guide: Culturally Inclusive Feedback at: [Centre for Cultural Diversity in Ageing Practice Guides](http://www.culturaldiversity.com.au/service-providers/practice-guides)
4. Inform the person of their right to privacy and offer them the Aged Care Charter of Rights in their preferred language. Direct them in how they can put the form into a suggestion box or through a mailing address. Translated versions of the Aged Care Charter of rights can be found at: [Aged Care Charter of Rights](https://www.agedcarequality.gov.au/resources/translated-charter-aged-care-rights-template-signing)
5. Inform the person on how your service handles personal information and inform them of the privacy policy and how their personal information will be used.
6. Inform the person on how the service will follow up on their feedback to support them to feel respected and safe in relation to the process that will follow after they give their feedback.
7. Give the person a copy of the Aged Care Quality and Safety Commission “Do you have a concern?” brochure in their preferred language. It is available in 25 languages and can be found at: [Do you have a concern? brochures](https://www.agedcarequality.gov.au/resources/do-you-have-concern-brochure)

**Formulir Keluhan, Kritik dan Saran**

***Feedback Form***

[SERVICE NAME AND LOGO]

**Kami dengan senang hati menerima masukan dari Anda**

***We welcome your feedback***

Anda berhak mengisi formulir ini dalam bahasa pilihan Anda atau dengan bantuan juru bahasa Anda dapat meminta juru bahasa dari petugas yang bekerja di organisasi tersebut jika dibutuhkan atau centang kotak di bawah dan tunjukkan kepada mereka.

*You have the right to complete this form in your preferred language or have an interpreter to support you. You can ask a person who works at the organisation if you need an interpreter or tick the box below and show them.*

Saya membutuhkan juru bahasa □

*I need an interpreter*

**Ini adalah:** □ Pujian □ Keluhan □ Saran

***This is a:*** *Compliment Complaint Suggestion*

**Saya seorang:** □ Klien □ Anggota keluarga □ Perwakilan/pengasuh

***I am a:*** *Client*  *Family member* *Representative/carer*

□ Lainnya

 *Other*

**Masukan saya terkait:** □ Anggota staf □ Residen

***My feedback is about a:*** *Staff member**Resident*

 □ Layanan yang saya terima □ Lainnya

 *Service I am receiving**Other*

**Masukan Anda (Anda bisa menulis dalam bahasa pilihan Anda. Jika kolom komentar ini tidak cukup, harap menambahkan satu halaman lagi atau tulis di halaman belakang lembar ini)
*Your Feedback (you can write in your preferred language. If you need more space to write your comments, you can add a page or write at the back of this page)***

**Apa yang Anda inginkan terjadi sebagai hasil dari masukan Anda? (Anda dapat menulis dalam bahasa pilihan Anda. Jika kolom komentar ini tidak cukup, harap menambahkan satu halaman lagi atau tulis di halaman belakang lembar ini)**

***What would you like to see happen as a result of your feedback? (you can write in your preferred language. If you need more space to write your comments, you can add a page or write at the back of this page)***

Jika ingin umpan balik Anda bersifat anonim, Anda dapat memasukkannya ke dalam kotak saran atau mengirimkannya lewat pos ke:

*If you want your feedback to be anonymous you can place it into a suggestion box at the service or post it to:*

………………………………………………

**Tindak lanjut (opsional)**

***Follow up (optional)***

Berikan detail Anda jika Anda ingin kami menghubungi Anda terkait masukan tersebut. Semua masukan diperlakukan secara rahasia.

*Provide your details if you would us to contact you about your feedback. All feedback is confidential.*

Nama:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Name*

Telepon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone*

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

*Email*

**Inilah yang akan terjadi setelah masukan Anda diserahkan kepada kami:**

***Here is what to expect after your feedback is given to the service:***

1. Masukan Anda akan diterima dan diakui

*Your feedback is received and acknowledged*

1. Jika diperlukan, seseorang dari layanan kami akan menghubungi Anda untuk mendiskusikannya lebih lanjut

*If required, someone from the service will contact you to discuss further*

1. Kami akan menggunakan masukan Anda untuk mempelajari cara meningkatkan layanan kami

*The service will use your feedback to learn how it can improve*

### Jika Anda tidak dapat menyelesaikan masukan Anda dengan penyedia layanan, Anda dapat menghubungi Komisi Keamanan dan Kualitas Perawatan Lanjut Usia (*Aged Care Quality and Safety Commission*) di 1800 951 822. Jika Anda membutuhkan juru bahasa, hubungi TIS National (Layanan Penerjemahan dan Juru Bahasa) di 131 450.

### *If you cannot resolve your feedback with the service provider, you can contact the Aged Care Quality and Safety Commission on 1800 951 822. If you need an interpreter, call TIS National (Translating and Interpreting Service) on 131 450.*

**Terima kasih telah meluangkan waktu untuk memberikan keluhan, kritik dan saran tentang layanan kami.**

***Thank you for taking the time to provide feedback about our service.***