

Feedback Form

Confidential

At Enhanced Lifestyles we value the insight of all people who use and support our services. This insight is used to maintain and improve the level of quality services our customers expect from us.

We take the feedback of customers and observations of our employees, service providers and family members and find solutions that help us reach our goals.

Please provide this completed form to your Lifestyle Attendant or Manager for action. You are welcome to attach more information. You are also welcome to send us this information via feedback@enhancedlifestyles.com.au.

Type of feedback (please tick one)

Compliment ☐ Complaint ☐ Comment ☐ Suggestion ☐

What would you like to tell us?

What would you like to happen?

Date

Time

Please include your contact details over the page.

I am a (please tick one)

Customer ☐ Employee ☐ Carer ☐ Other ☐ _____

Contact details (or leave empty if you would like to submit anonymously)

Surname		First name	
Address			
Suburb		Postcode	
Home Phone		Mobile	
Email			
Preferred method of contact? Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> SMS <input type="checkbox"/>			

Office use only

Entry ID for Feedback/Complaint Register	
Entry ID for Incident Management Register	

Manager assigned to approve

Manager Name	
Approval	Approved <input type="checkbox"/> Not approved <input type="checkbox"/>

Implementation instructions

Assigned to			
Due date		Completed date	
Added to Quality Action Plan <input type="checkbox"/>		NDIS Standard	