

# HASTINGS MACLEAY COMMUNITY TRANSPORT

*Delivering quality services, promoting access and wellbeing*

## COMPLAINT/FEEDBACKFORM

This form is to assist you in making a complaint or suggestion to our organisation.

All persons wishing to make a complaint you can speak with the Operations Manager or staff member of choice or choose to complete this form.

**All information is strictly confidential.**

If you feel unsure about anything or would like help to complete this form, please speak to one of our friendly staff. Forms are available from all drivers, our office or website. Refer to your client handbook or website for the details of the complaint process.

As a Service User, you have the right to complain about the service you are receiving without fear of retribution and you will continue to receive uncompromised services whilst your complaint is dealt with in a fair, prompt, confidential and timely manner.

We encourage you to make your complaint in writing. Please allow a maximum of 7 working days for a response.

**Personal details (Optional) you are able to complain/provide feedback anonymously.**

The information provided will be used to contact you. Only provide the contact details that you wish to be contacted on.

Name: Mr/Mrs/Miss/Ms \_\_\_\_\_

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

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

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Is there someone else (i.e. an advocate, legal representative or support person) that you would like involved in making this complaint?**

Yes ☐ No ☐

Name of advocate/ legal representative/support person: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Details of the Complaint/Feedback**

Please explain, what happened, where it happened, when it happened and who was involved.

Did someone witness the incident? Would they be willing to be contacted regarding your complaint? If so, provide the name and contact details. (Inform the witness that they may be contacted by the organisation to discuss the matter.)

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**How would you like to see your complaint resolved? What action would you like the organisation to take to resolve your complaint?**

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**Additional information/supporting documentation**

Please attach copies (not the original) of any documents that may help us to handle the complaint, e.g. if you have letters, emails or faxes or records of conversations you have had with the person/s associated with the complaint.

To help us resolve this matter as fast as we can, please ensure your contact details are kept up to date. If details change, let the organisation know as soon as you can.

Please sign and date this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this form to:** Hastings Macleay Community Transport  
PO Box 1796, Port Macquarie, NSW, 2444  
**Phone:** (02) 6583 8644 **Fax:** (02) 6583 8166  
**Website:** [www.hmct.org.au](http://www.hmct.org.au)  
**Email:** [transport@hmct.org.au](mailto:transport@hmct.org.au)

Office Use Only

Recorded in Complaints Register	Yes	Date
Copy of Complaint provided to CEO		
Appropriate action taken and noted in client file		
Complaint resolved?		

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