

# Feedback Form

Document Number: Q-FO-003



A key part of our continuous improvement is receiving feedback about people's experiences with the support services we provide. All clients, families, advocates and staff are encouraged to provide suggestions on how we can improve the quality of our services.

## How do I share my feedback?

Feedback can be provided by:

- **Email:** [feedback@lighthousedisability.org.au](mailto:feedback@lighthousedisability.org.au)
- **Writing:** Lighthouse Disability, PO Box 722, Salisbury SA 5108
- **Calling:** 08 8256 9800
- **Visiting:** Lighthouse Disability, 101 Park Terrace, Salisbury SA 5108
- **Online form:** [lighthousedisability.org.au/contact-us/share-your-feedback](https://lighthousedisability.org.au/contact-us/share-your-feedback)

You can also provide your feedback directly to the **NDIS Quality and Safeguards Commission**, which is an independent agency established to improve the quality and safety of NDIS supports and services.

- <https://www.ndiscommission.gov.au/contact-us/makeacomplaint>

## What will happen to my feedback?

- We aim to acknowledge your feedback within **3 business days**.
- We aim to address all feedback within **21 business days**.
- We will always use your feedback to continually improve our services.

## I am a:

- |  |  |
|--|--|
| <input type="checkbox"/> Client                  | <input type="checkbox"/> External Provider               |
| <input type="checkbox"/> Family Member           | <input type="checkbox"/> Lighthouse Disability Staff     |
| <input type="checkbox"/> Friend                  | <input type="checkbox"/> Lighthouse Disability Volunteer |
| <input type="checkbox"/> Legal guardian          | <input type="checkbox"/> Advocate                        |
| <input type="checkbox"/> Other (Please specify): |  |

## This is a:

- |                                     |                                    |                                     |
|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Compliment | <input type="checkbox"/> Complaint | <input type="checkbox"/> Suggestion |
|-------------------------------------|------------------------------------|-------------------------------------|



**Location or Service this feedback is about:**

**Please provide details of your feedback:**

**What would you like to happen in relation to this feedback:**

**Would you like to be contacted about your feedback?**

No

Yes - email

Yes - phone

**Your Details (optional)**

You can remain anonymous. However, this will limit our ability to respond to your feedback.

**Full Name**

**Email**

**Phone**

**Address**

**Suburb**

**Postcode**

**State**