



## Complaint & Feedback form

Sound Escape Music Therapy is committed to meeting all of your client needs while providing a high-quality service. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

Indicate your response below with an X.

Compliment	<input type="checkbox"/>	Complaint	<input type="checkbox"/>	Feedback	<input type="checkbox"/>
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### Section 1: Your details

Do you want to remain anonymous? (Indicate your response with an X)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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#### Personal details

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Postal address:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Email address:	<input type="text"/>

Are you providing feedback on another person's behalf? (Indicate your response with an X)

No ( <i>go to Section 4</i> )	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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### Section 2: Feedback made on another person's behalf

Please provide the following details about the person on whose behalf you are acting:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Postal address:	<input type="text"/>
Telephone number:	<input type="text"/>
Mobile number:	<input type="text"/>
Email address:	<input type="text"/>

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for the person who received the music therapy service?  
(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

Yes		No	
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If yes, please provide details:

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Does the person know you are making a complaint on their behalf? (Indicate your response with an X)

Yes		No	
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If no, please provide the reason why:

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Are we able to speak with the person who received the music therapy service? (Indicate your response with an X)

Yes		No	
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If no, please provide the reason why:

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### Section 3: Other person's consent for feedback made on their behalf

If you are providing this feedback on another person's behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:	
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**Section 4: Please provide details of the service that the feedback concerns**

Name of the service provider:	
Contact person's name and position in the service:	

**Section 5: Please state your concerns**

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

**Section 6: What action have you already taken in relation to this feedback?**

Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns? (Indicate your response with an X)

Yes		No	
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If yes, with whom and what was the outcome?

## Section 7: What outcomes would you like as a result of providing your feedback?

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## Section 8: Privacy

Sound Escape Music Therapy is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding confidentially.

Sound Escape Music Therapy will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, to assist us to resolving the matter(s) identified in your feedback.

If you choose to remain anonymous, Sound Escape Music Therapy may be unable to deliver a full resolution you require.

If you wish to contact Sound Escape Music Therapy who are responsible for managing the personal information that you provide on this form, please call 0416 634 343 or email [info@soundescapemusictherapy.com.au](mailto:info@soundescapemusictherapy.com.au)

## Section 9: Declaration

I confirm that the information given in this form is true, complete and accurate

Signature:		Date:	
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Thank you for taking the time to provide feedback about our service. You can email this form to [info@soundescapemusictherapy.com.au](mailto:info@soundescapemusictherapy.com.au) or you can anonymously upload this form on our website contact page [www.soundescapemusictherapy.com.au](http://www.soundescapemusictherapy.com.au)

