



MAX Solutions and all their staff are fully committed to providing our clients with the best quality services. We strive to recognise each client’s individual needs and to provide a high quality service that meets those needs. The feedback will be taken in the constructive manner you provide it and will be used to further improve the range of services provided to you and fellow registered clients.

If you feel that our service has not met your expectations, we want to know. Feedback will be used to resolve concerns and to make sure we get it right the next time.

Please note that your privacy will be respected at all times. We recommend providing your name, and preferred contact number if you would like to be contacted to discuss your concern/s and or feedback.

Complete the form and provide to your local MAX Solutions representative or email to quality@maxsolutions.com.au

Client Name (optional)	
Job Seeker ID or CRN or other identifier (optional)	
Preferred Contact Number (optional)	
MAX Office Location	
Date	
MAX Staff Member Name (if relevant)	
Which Program does your Complaint or Feedback relate to: <input type="checkbox"/> jobactive <input type="checkbox"/> DES <input type="checkbox"/> CDP <input type="checkbox"/> ParentsNext <input type="checkbox"/> VTEC <input type="checkbox"/> SSHYE <input type="checkbox"/> RTO <input type="checkbox"/> AMEP <input type="checkbox"/> SEE <input type="checkbox"/> PaTH - EST <input type="checkbox"/> SLES <input type="checkbox"/> NDIS <input type="checkbox"/> HEP <input type="checkbox"/> Other, please specify _____	
Who does this Complaint or Feedback relate to, please tick: <input type="checkbox"/> MAX Employment <input type="checkbox"/> yourtown <input type="checkbox"/> Rainbow Gateway <input type="checkbox"/> Sureway <input type="checkbox"/> MAX Solutions <input type="checkbox"/> Other, please specify _____	
Details of Complaint or Feedback Please tick if your comments are about a <input type="checkbox"/> Complaint or <input type="checkbox"/> Feedback and please record details below	



..... **Office Use only**

Please note this form is only to be utilised when there is no access to the online Customer Complaints and Feedback Register. The sections below map out the steps required to enable you to effectively manage Customer Complaints and Feedback. The details below mirror the information you must enter in the Customer Complaints and Feedback Register when you have access. Please note all Customer Complaints and Feedback received in this manner must be entered into the Customer Complaints and Feedback register within 24 hours of receipt.

<input type="checkbox"/> Complaint/Feedback received by MAX Employment	<input type="checkbox"/> Complaint/Feedback initiated by the Department	<input type="checkbox"/> Complaint/Feedback escalated to the Department	
Complaint/Feedback Type <tick below whichever categories best apply>			
<input type="checkbox"/> Access	<input type="checkbox"/> External Factors	<input type="checkbox"/> Human Rights	<input type="checkbox"/> Service Provision
<input type="checkbox"/> Client Funding	<input type="checkbox"/> Facilities	<input type="checkbox"/> Participation Failure	<input type="checkbox"/> Staff
<input type="checkbox"/> Compliment	<input type="checkbox"/> Feedback	<input type="checkbox"/> Privacy/Confidentiality	<input type="checkbox"/> Timeliness
<input type="checkbox"/> Cultural Factors	<input type="checkbox"/> Good News Story	<input type="checkbox"/> Process System	<input type="checkbox"/> Transfer Request
Details of Complaint/Feedback Investigation			
<Insert text here>			
Details of Outcome of Complaint/Feedback			
<Insert text here>			
<input type="checkbox"/> Client Satisfied with Outcome of the Complaint		Date Finalised _____ / _____ / _____	
Follow up Actions Required			
<Insert text here>			