

Complaints, Compliments & Feedback Form

Maali Medical is committed to providing the best possible service to all our clients, family, care providers and medical professionals. We value your feedback so we can improve the services we provide.

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

Let us know your response / feedback below:

Complaint
 Compliment
 Feedback

Personal Details:

Do you wish to remain anonymous: Yes No

First name: Last name:

Address: State:

Telephone: Mobile:

Email:

Feedback Information

Maali Medical personnel feedback concerns:

Please share any feedback or concerns. Include what led to making the complaint, compliment or feedback, the approximate dates and who was involved?

Have you had the chance to discuss your concerns with a member of Maali Medical Pty Ltd staff or an NDIS representative?

Yes
 No

If yes, please tell us with whom and what was the outcome?

What outcomes would you like as a result of providing your feedback?

Privacy

Maali Medical Pty Ltd are committed to protecting your privacy. We collect and handle personal information that you provide on this form for investigating and responding to your complaint, compliment or feedback.

The Maali Medical Pty Ltd Privacy Policy is available at www.maalimedical.com.au

If you choose to remain anonymous, Maali Medical Pty Ltd may be unable to respond to your complaint, compliment or feedback.

If you wish to contact Maali Medical Pty Ltd who are responsible for managing the personal information that you provide on this form, please **email: info@maalimedical.com.au**

Declaration

I declare the information I have provided is true and correct

Signature:

Date:

Thank you for taking the time to provide feedback about our services.