

## About Your Privacy

ADEC 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.

ADEC 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 other agencies that deal with the matters identified in your feedback.

If you choose to remain anonymous, ADEC may be unable to provide the outcomes you are seeking.

If you wish to discuss your privacy, please contact ADEC.

## Contact Us



Phone : 9480 7000

Toll Free: 1800 626 078

Email: [info@adec.org.au](mailto:info@adec.org.au)

## Other Places You Can Get Help

If you get services under the NDIS:

NDIS Commission (any complaints)  
1800 035 544

NDIS Fraud Reporting and Scams Helpline  
1800 650 717

If you want to make a complaint about a disability support worker:

Victorian Disability Support Worker  
Commission 1800 497 132

If your feedback/complaint is about an older person or they receive aged care services:

Aged Care Quality & Safety Commission  
1800 951 822  
The Older Persons Advocacy Network (OPAN)  
1800 700 600

If you are concerned about abuse of any kind, please call:

The police on 000, or  
National Disability Abuse and Neglect Hotline on  
1800 880 052  
The ELDER Help line on 1800 353 374  
Senior Rights Victoria on 1300 368 821

# ADEC



## Feedback Form

**We value your feedback!**

## About this Form

ADEC is committed to providing high-quality care and services and meeting your needs. We value your feedback – including complaints.

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

### What type of feedback is this?

Complaint ☐

Compliment ☐

Suggestion ☐

## About You

Do you want to remain anonymous?

YES ☐ NO ☐

Full Name	
Phone	
Email	

How would you like to be contacted?

In person ☐ Phone ☐

Email ☐ SMS ☐

Do you require an interpreter?

YES ☐ NO ☐

If YES, which language?

Are you providing feedback on another person's behalf?

YES ☐ NO ☐

## About the Person

Please provide the following details about the person for whom you are providing the feedback:

Full Name	
Address	
Phone	
Email	

What is your relationship to the person:

Are you the person's legal representative?

YES ☐ NO ☐

Do they know you are giving us this feedback?

YES ☐ NO ☐

Are we able to talk with them about this feedback?

YES ☐ NO ☐

If no, please tell us the reason why:

**Please note that we will need the consent of the person or their legal representative to provide you with any information in relation to this feedback.**

## About the Feedback

Please tell us what your feedback is about. It helps us to respond if you can give us details.

Have you discussed this feedback with our team or any another agency?

YES ☐ NO ☐

Who:

Was this helpful? YES ☐ NO ☐

What outcomes would you like from your feedback?