

Feedback and Complaint Form

MNDAWA delivers person-centred support and specialist care to people affected by Motor Neurone Disease (MND) in Western Australia. We value all the feedback we receive and use it as an opportunity to continuously improve and ensure the service we offer meets the needs of our participants / clients and their families. You can provide feedback by;

- Calling our office 6186 4133
- Completing this form and emailing to admin@mndawa.asn.au
- Visiting us at 1/184 Raleigh Street, Carlisle, WA 6101

For further information on how MNDAWA handles complaints, visit our **Feedback and Complaints Policy & Procedure**. All complaints received will be dealt with respectfully and will be acknowledged within two business days, with the aim of seeking a resolution within ten business days.

Fill in the details of the person who is making the complaint / providing feedback.	
Name of Person	
Address	
Phone	
Email	
My preferred contact method is	

About the complainant (if different to above):	
Your Name:	
What is your relationship to the person?	
Does the person know you are making the complaint/providing feedback?	
Does the person consent to the complaint/feedback being made?	

Who is the complaint or feedback about?	
Person's Name / Service	
Contact Details (if known)	
What is your Complaint/Feedback about? Provide some details to help us understand your feedback or concerns. You should include what happened, where it happened, time it happened and who was involved.	
Supporting Information Please attach copies of any documentation that may help us to investigate your complaint/feedback (for example letters, references, emails).	
What outcomes are you seeking as a result of the complaint/feedback?	