

Self-determined, healthy, robust & culturally strong Aboriginal communities, throughout the Mallee Region.

When Completed place in the suggestion box at front reception or send to:

MDAS Quality and Governance Manager PO Box 5134 Mildura VIC 3502

or Email: feedback@mdas.org.au

FEEDBACK (COMPLIMENTS & COMPLAINTS)

Details of person providing Feedback	
Full Name	
Email Address	
Mobile Number	
Date	
Do you wish to remain Anonymous? OR	🗆 Yes 🗆 No
Do you want to be contacted with a response?	□ Yes □ No
MDAS Program/Service Involved	
Location (if applicable)	
Nature of Feedback	Compliment
(Please tick applicable box)	
	Complaint
	□ Other

Details - you can add attachments if needed. Please ensure you remain factual.

Feedback form website.docx6_31.5.2023

© This document is the property of Mallee District Aboriginal Services Once printed this document is considered an uncontrolled version. Refer to the LogiqcQMS for the current approved version



Apology to be provided
To receive a thorough explanation
□ A change in practice because of your complaint
□ Improved access to service or resources for myself or others
Your concerns are formally registered
□ MDAS undertake a review of its policy
Intervention or training occurs with staff
provided on this form is, to the best of my knowledge, a true and d in relation to the incident I am raising in my feedback.

Feedback form website.docx6_31.5.2023

© This document is the property of Mallee District Aboriginal Services Once printed this document is considered an uncontrolled version. Refer to the LogiqcQMS for the current approved version