

MASS respects your privacy. The information provided in this form that is sensitive in nature will only be used by authorised staff. Please consider that while MASS does not disclose the identity of complainants, in certain circumstances, the very subject of the complaint, may identify a complainant. Details of complaints are stored securely. Personal information will not be shared unless MASS has consent or is required by law to do so. All complaints will be acknowledged within 3 business days and we will keep you informed of any action taken.

Electronic Feedback Form



We welcome and respect all types of feedback. Your feedback is important for our service improvement.

What type of feedback do you have? (select by clicking in the box)

General Feedback

Compliment

Complaint

What is your relationship to MASS?

- Client Community Member Staff Member
 Parent/Carer Friend of Client Agency / Other

Which service is your feedback for?

- Therapeutic Placement MAP Service Family Camp Respite
 Outreach Adult Services Education School Other

What would you like to tell us? (type your response in box)

What would you like to see happen? (type your response in box)

Do you want us to contact you? Yes No

Contact Details:

Name	
Phone	
Email	

What to do with this form:

Email: Attention: Simone Reeves c/o feedback@autismmansfield.org.au