

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.

## Feedback Form



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

### What type of feedback would you like to give?

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?

### What would you like to see happen?

Do you want us to contact you? Yes  No

### Contact Details:

Name	
Phone	
Email	

### What to do with this form:

**Post:** Attention: Simone Reeves, Director, MASS, PO Box 715, Mansfield, 3722

**In Person:** Drop it into 81 Highett St, Mansfield, 3722

**Email:** Attention: Simone Reeves c/o [feedback@autismmansfield.org.au](mailto:feedback@autismmansfield.org.au)

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