

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 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 the box)

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

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

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