

**Complaint Form**

**Youth Disability Advocacy Service**

The Youth Disability Advocacy Service (YDAS) is committed to providing excellence in advocacy to young people with a disability. You have a right to make a complaint if you are in any way dissatisfied with our service and you will not be treated unfavourably for making a complaint.

YDAS views complaints as an opportunity to improve our service and we will work constructively with you to resolve your complaint. YDAS acknowledges and supports your right to seek independent assistance and support to resolve a complaint against YDAS. We encourage your feedback, constructive criticism, input, debate and discussion.

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| --- | --- |
| I am the young person who received the service | Yes or No |
| I am making a complaint on behalf of a young person with a disability who received the service | Yes or No |
| I wish to remain anonymous (only complete questions marked with \*\*\*) | Yes or No |

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Postal address |  |
| Phone number |  |
| Mobile number |  |
| TTY phone number (if applicable) |  |
| Email address |  |
| Date of birth (if you are the young person receiving the service) |  |
| Disability type \*\*\* (if you are the young person receiving the service) |  |
| Have you appointed an independent person to assist you with your complaint? If yes, do you give permission for this person to provide or receive information on your behalf? \*\*\* |  |
| Preferred language |  |
| Please tell us what help you may need to communicate with us |  |
| Do you wish to be identified as a person of Aboriginal or Torres Strait Islander descent? \*\*\* |  |
| How long have you used YDAS services? \*\*\* |  |
| Please tell us what your main concerns are including what led to your complaint, relevant dates and who was involved (if you wish to remain anonymous, do not include dates and names that will identify you) \*\*\* |  |
| Please outline the things you want to happen to resolve your complaint \*\*\* |  |
| Have you already told YDAS about your concerns? If yes, what was the outcome? If no, was there a particular reason? \*\*\* |  |

**Privacy Statement**

The Youth Disability Advocacy Service (YDAS) collects personal and health information in its role in dealing with complaints. YDAS can only pass on information about a complaint if it is necessary for performing the functions of the service and the relevant consent is provided. The authority to collect and use this information is contained in the *Disability Act* 2006 and the *Health Records Act* 2001 and your details will be deidentified in the reports we are required to submit to the Department of Human Services. The information YDAS holds about you can be accessed by application under the *Freedom of Information Act* 1982.Bottom of Form