

## COMPLAINTS INFORMATION

**Optimum Exercise Physiology supports your right to share feedback, concerns or make a complaint.**

Optimum Exercise Physiology welcomes feedback and complaints as part of our commitment to provide a high quality service.

If you have a concern, we would like to hear from you.

We understand the importance of resolving matters promptly within our service.

We aim to provide a welcoming environment for you to raise a concern or a complaint. If you would like help or support in raising a concern/complaint, we can assist you by providing the information and forms you require, and help you to complete and lodge them if you would like.

We value open and timely communication. It benefits our ongoing relationship with you.

We will work with you to address concerns and resolve issues.

Seeking to resolve concerns or complaints is part of our responsibilities.

If you wish to direct your concern externally you have the following options:

- a) National Disability Insurance Scheme:  
<https://www.ndis.gov.au/about/contact-us/feedback-complaints/complaint-form.html>, clients will be directed and provided support to access information about making a complaint on line or call NDIS: 1800 035 544. Or
- b) The Commonwealth Ombudsman <http://www.ombudsman.gov.au/about/working-with-people-with-disability>.

A copy of our Complaints Policy is available for you to view.

To get a copy of the policy or for more information please speak to:

**Lisa Parkinson**

Accredited Exercise Physiologist/Manager

Optimum Exercise Physiology

6/25 Old North Road, Clare, SA, 5453

[lisa@optimump.com.au](mailto:lisa@optimump.com.au)

8873 0628

# COMPLAINTS FORM

## We welcome your feedback

Optimum Exercise Physiology is committed to providing high quality care and services and meeting your needs.

We value your feedback – including complaints.  
Please let us know what we do well and where we can improve our services.

Tick the box ✓

This is a	<input type="checkbox"/> feedback	<input type="checkbox"/> complaint	<input type="checkbox"/> suggestion
I am a	<input type="checkbox"/> client	<input type="checkbox"/> family member	<input type="checkbox"/> representative
	<input type="checkbox"/> employee	<input type="checkbox"/> volunteer	<input type="checkbox"/> contractor
	<input type="checkbox"/> employee on behalf of client		<input type="checkbox"/> visitor

## Comments

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## Follow up (optional)

Please provide your details if you would like us to contact you about your feedback.

Name: \_\_\_\_\_

Phone / email: \_\_\_\_\_

**Thank you for taking the time to provide feedback about our service at Optimum Exercise Physiology**

Please provide to reception at Optimum Exercise Physiology