



Blu Sky Care BSC-029 Complaints or Feedback Form

Kindly select the relevant option:

☐

Complaint

☐

Feedback

☐

Incident / Accident

What is your name?

What would you like to tell us? Please add more on the last blank page if there is not enough space here

Have you spoken to anyone at Blu Sky Care (BSC) about this?
If so – who did you speak to and what did they do about it?

What change(s) would you like to see?



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How can we contact you? (phone / email / mail/ po box)

Are you one of our participant?

Yes ☐ / No ☐

If 'No' , how are you related to our participant eg family, next of kin, advocate?

Thank you for your feedback. We value your contribution. You can now choose to submit this form via

1 Email : feedback@bluskycare.com.au or complaints@bluskycare.com.au

2 Post mail : Feedback Unit (Blu Sky Care)
PO Box 2025, Morphettville LPO
3 Denham Avenue, Morphettville SA 5043

3 Or alternatively you can also complete this form online at

<https://www.bluskycare.com.au/complaints-feedback-form/>



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To be completed by BSC Feedback Response Team (Managing Director / Team Leader/ Board Member)			
Received by		Date	
Is this a reportable incident	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which external agency?	<input type="checkbox"/> NDIS Commission <input type="checkbox"/> Police <input type="checkbox"/> SA Ambulance <input type="checkbox"/> DHS <input type="checkbox"/> Child Services <input type="checkbox"/> Others _____		
Does this require further investigation, and if so, who is this assigned to?			
What actions have been taken?			
OUTCOMES			
What is the outcome?			
Are relevant parties satisfied with outcome?			
What strategies for improvement can be implemented?			
Document filing & input into registers	<input type="checkbox"/> Complaints & Feedback Register <input type="checkbox"/> Continuous Improvement Register		
Signature		Date:	



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Notes