

Feedback and Complaints Form

NHT values feedback from members and other stakeholders. This form is to record compliments, suggestions or issues raised by members or other stakeholders relating to NHT. Please note, any feedback or complaints relating to member organisations need to follow the policy and procedures of the relevant organisation.

Person Providing Feedback

Name:			Date:			
Address:						
Phone Number:		Mobile:				
Email:						
Relationship to NHT (member, community member, service provider):						
Feedback						
☐ Compliment	☐ Complaint			☐ Suggestion		
Please provide details of your feedback; a description of the issue(s), things we are doing well, or your suggestions for improvement.						
What outcome would you like to see?						

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If this feedback is a complaint, have you already taken any steps	s to try to resolve the situation?
Any other relevant information?	
Any other retevant information?	
Do you require any additional support for this process? For exar childcare (indicate times), visual/hearing disability, assistance to	mple, wheelchair access, interpreter, put things in writing etc.
Signed:	Date:
Follow Up	
Feedback Received by:	
Follow up required (add additional pages if more room required).	
Follow Up Actions Completed Date:	
☐ Feedback Provider notified of outcomes, and issue resolved.	
Closure	
Closed by:	Date:
☐ Details recorded in <i>Feedback Register</i>	

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