



# Your Say Form - [yoursay@greycare.com.au](mailto:yoursay@greycare.com.au)

GreyCare works to ensure all support is delivered with the highest standards and participants have formal and informal avenues for feedback to assist the organisation to maintain and improve on the quality of support delivered.

Our policy ensures participant issues are resolved by consultation between all parties, and are fairly and promptly dealt with. We will respond to your issues in a timely manner, negotiating a timeline for resolution where an investigation is required.

Once this form is completed mail to greyCare PO Box 73 Stanhope Victoria 3623 or email directly to [yoursay@greycare.com.au](mailto:yoursay@greycare.com.au)

For immediate help about a problem, please contact greyCare by calling 13 44 13.

Date						
Contact Details for person completing form, please tick appropriate box						
Participant				Representative		
Participant Name				Representative Name		
If this form is completed by a representative, please tick appropriate box						
Advocate		Friend		Worker		
Other		Family		Other		
Address				Ph number		

Please tick the reason you have completed this form					
Compliment		Complaint		Feedback	
Summary of the Compliment/Complaint/Feedback. (Attach additional pages if required)					

GreyCare Office Use Only					
Section completed by greyCare Operations Manager					
Date Received			Allocated Your Say No.		
Section completed by greyCare General Manager and registered in the appropriate register					
Date GM received form			Date lodge in appropriate register		
Has issue been resolved and participant is satisfied with resolution?	yes		no		

If not, when is the follow up date	
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GM signature		Date	
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