**Save this form to your desktop before filling it out.**



**DSS funded services and supports**

Feedback Form

We invite disabled people, their family and whānau, service providers and the wider disability community to give us feedback, positive or negative about disability services and supports funded by Disability Support Services, Ministry of Social Development. You can also provide feedback if your services or supports are not responsive to Te Ao Māori, or do not meet your cultural needs and expectations.

The information you provide will help DSS improve disability services and supports and/or investigate and respond to your feedback.

Your details are confidential. You don’t need to tell us your name if you don’t want to. We’ll share information with the relevant areas of DSS, but we won’t disclose it to anyone else unless required by law, or you give consent for us to share.

**What type of feedback do you want to give?**

|  |  |
| --- | --- |
| ☐ | ConcernI am concerned and I want to share it. |
| ☐ | SuggestionI have an idea that I want to share with DSS, Ministry of Social Development. |
| ☐ | Positive feedbackI want to praise or congratulate someone about my disability service or supports. |

**Please tell us about yourself.**

Please provide as much information as you feel comfortable sharing with DSS Ministry of Social Development.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Please type your name here |  |  |
|  |  |  |  |
| Phone | Phone number | Email | Please type your email address here |
|  |  |  |  |
| Address | Please type your physical address here |  |

**I am providing feedback as a person who is:**

|  |
| --- |
| * The person receiving services or supports
 |
| * A family member, whānau or friend of the person receiving services or supports
 |
| * A staff member of a disability provider
 |
| * A member of the public
 |
| * Other disability or health professional

**What is your feedback?**Please type your answer here**Can we share your name and your feedback with other people and your service provider?**

|  |  |
| --- | --- |
|  | Yes, you can share my feedback and my name with the service provider andrelevant people at DSS, Ministry of Social Development. |
|  | You can share the details of my feedback, but I want my name kept private |
|  | No, I do not want DSS, Ministry of Social Development to share my feedback,my name, or my information with the service provider |
|  | I don’t know. If you choose this option we will contact you to talk about it |

 |
|  |

**Would you like to be contacted about your feedback?**

|  |  |
| --- | --- |
| * Yes
 | * No
 |

If you would like to be contacted about your feedback, how would you like us to contact you?

|  |  |  |
| --- | --- | --- |
| * Phone
 | * Email
 | * Post
 |

Thank you for taking the time to provide feedback to DSS, Ministry of Social Development.

Email the completed form to **quality@msd.govt.nz**or send it to us by post at: Feedback Disability Support Services, Ministry of Social Development, P O Box 1556, Wellington 6140.

If you have asked us to contact you, we will aim to be in touch within five working days. If you want to contact us again, please email (preferred), phone, or contact us by post:

* **Email** quality@msd.govt.nz
* **Phone** 0800 566 601
* **Post** Disability Support Services (Quality)

Ministry of Social Development

 P O Box 1556

 Wellington 6140