We value your feedback!

TeamHEALTH wants to hear from you. We value your feedback and good news stories so that we can understand what is important to you. If you are unhappy with a service provided to you or to someone you care for, we would like the opportunity to resolve the matter to improve the supports that we provide.

How to make a suggestion, compliment or complaint

You can make a suggestion, compliment or complaint about a TeamHEALTH service by either using the form on this page, in person to a TeamHEALTH staff member, by email, letter or phone.

Please ensure that you provide us with your contact details to help us resolve your complaint in a timely manner.

What will we do?

If we receive your complaint in writing, we will acknowledge it in writing. In all cases, we will notify you of the contact details of the staff member who is dealing with your complaint.

If you are not happy with the outcome provided, please contact one of the services below:

Health and Community Services Complaints Commission: 1800 004 474

NDIS Complaints Commission: 1800 035 544

Aged Care Complaints Commission:

1800 550 552

Darwin Community Legal Service:

(08) 8982 1111

Aged and Disability Legal Service:

1800 812 953

Contact Us

To be connected with one of our staff please contact TeamHEALTH:

Head Office Address:

Level 1, Building 4 631 Stuart Highway, Berrimah, NT, 0828

Phone: 1300 780 081

Website: www.teamhealth.asn.au

Interpreter and/or Translation Services are available to access our services. Please contact us for more information.

Interpreting and Translation Services NT Phone: (08) 8999 8506 or 1800 676 254 Email: itsnt@nt.gov.au or itsnt.dlqcs@nt.gov.au

















Suggestions, Compliments and Complaints

Supporting your mental health journey

TeamHEALTH actively promotes and supports an inclusive and diverse culture. We welcome all people, regardless of age, gender, race, ability, sexual orientation, faith religion and all other identities represented in our community.

The Process

Suggestion, compliment or complaint made to TeamHEALTH.



Complaint will be resolved in a timely manner in consultation with participant, about the desired outcome of the complaint.



All suggestions, compliments or complaints are recorded with TeamHEALTH on the register.



Outcomes help us with continuous quality improvement for TeamHEALTH supports.

TeamHEALTH welcomes feedback about the supports we provide. We use the feedback to continually improve the quality of our services. Completed forms can be handed directly to your support worker, posted, emailed or faxed to TeamHEALTH. Thank you.

Personal Details	
Name:	Preferred name:
Email:	Mobile number:
Address:	Postcode:
Signature:	Date:
Suggestion Compliment Complaint	
Please write a brief description (attach additional pa	ge if needed):
What would I like to see happen (i.e. Your ideas and issue/problem or improve):	I suggestions on how TeamHEALTH can fix the
Would you like a TeamHEALTH staff member to co	ntact you to discuss further?
Yes No	
If yes, please ensure that your contact details are pro-	ovided above.
Office use only Where this form has been completed by a TeamHEA Staff name: Program:	ALTH staff member on behalf of a participant: Position: Date completed:

TeamHEALTH appreciates your support and feedback. Thank you for your time.

