Canine Essentials

Specialists in training puppies, adolescent and assistance dogs.

0426 975 364
info@canineessentials.com.au
Canine Essentials

Our service is committed to providing high quality care and services and meeting your needs. We value your feedback – including complaints.

Please let us know what we do well and where we can improve our services.

**Indicate your response below with an X.**

<table>
<thead>
<tr>
<th>This is a:</th>
<th>compliment</th>
<th>complaint</th>
<th>feedback</th>
</tr>
</thead>
</table>

**Section 1: Your details**

**Do you want to remain anonymous?** (Indicate your response with an X)

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

**Personal details**

<table>
<thead>
<tr>
<th>First Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td></td>
</tr>
<tr>
<td>Postal address:</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Mobile number:</td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
</tbody>
</table>

**Do you require an interpreter?**

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
<th>If yes, which language?</th>
</tr>
</thead>
</table>

Phone: 0426 975 DOG (364) | info@canineessentials.com.au
PO Box 128 | Hope Valley | South Australia | 5090

Last updated: 12.04.2018
Are you providing feedback on another person’s behalf?

(Indicate your response with an X)

| no (go to Section 4) | yes |

Section 2: Feedback made on another person’s behalf

Please provide the following details about the person on whose behalf you are acting:

<table>
<thead>
<tr>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Postal address:</td>
</tr>
<tr>
<td>Telephone number:</td>
</tr>
<tr>
<td>Mobile number:</td>
</tr>
<tr>
<td>Email address:</td>
</tr>
</tbody>
</table>

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for the person who received the service?
(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

| yes | no |

If yes, please provide details:
Does the person know you are making a complaint/feedback on their behalf?
(Indicate your response with an X)

| yes | no |

If no, please provide the reason why:

Are we able to speak with the person who received the service?
(Indicate your response with an X)

| yes | no |

If no, please provide the reason why:

Section 3: Other person’s consent for feedback made on their behalf

If you are providing this feedback on another person’s behalf, we require the consent of the other person to obtain and pass on personal information relevant to this feedback. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I,____________________ (insert name of person giving consent) give permission to ________________ (insert name of person receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature: ___________________________________________ Date: ____________________________
Section 4: Please provide details of the service

<table>
<thead>
<tr>
<th>Name of the service provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of office location of service:</td>
</tr>
<tr>
<td>Contact person’s name and position in the service:</td>
</tr>
<tr>
<td>Service:</td>
</tr>
</tbody>
</table>

Section 5: Details of goods supplied to the customer

Date of purchase

/ / /

Description of the goods or service including make, model, type of service, purchase method, etc.
Section 6: Please state your concerns

Please provide details of your main concerns, including what events led to making the complaint, compliment or feedback, approximate dates and who was involved.

Section 7: What action have you already taken in relation to this feedback?

Have you discussed your concerns with the service provider or another agency or person for assistance with these concerns? (Indicate your response with an X)

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>

If yes, with whom and what was the outcome?
Section 8: What outcomes would you like as a result of providing your feedback?

Section 9: Compliment

Canine Essentials also loves to hear about how well we are doing! Please tell us and feel free to mention a staff member if you would like to provide a personal compliment to them.

Can Canine Essentials use this as a Testimonial on their website? (Indicate your response with an X)

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Anonymously | Use my Name
Section 10: Privacy

Canine Essentials Pty. Ltd. is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

Canine Essentials Pty. Ltd. will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information with others, such as NDIS, Healthcare providers, ACIS and Wholesaler that deals with the matters identified in your feedback.

If you choose to remain anonymous, Canine Essentials Pty. Ltd. may be unable to deliver the full range of services you require.

If you wish to contact Canine Essentials Pty. Ltd. who are responsible for managing the personal information that you provide on this form, please call 0426 975 364.

You also have the right to access your information and seek its correction under the Freedom of Information Act 1982. For information about making a Freedom of Information application contact G Geller on 0426 975 364.

Section 11: Declaration

I declare that the above information is accurate, true and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Thank you for taking the time to provide this feedback.
Office Use Only

Complaint received by

Date received

In person □ In writing □

Date action completed

Signature

/ /
ABOUT US

Expertise

Dr. Georgia Geller PhD RN
PhD, CertIIIDogBehTrng, CPDT-KSA, BNgHons1, RN, BNurs, CertFinMkts.

Dr. in Nursing | Registered Nurse
Canine Behaviourist
Certified Professional Dog Trainer
Animal Assisted Therapist | Counsellor

- PhD (Psychiatric Risk Assessment & Management)
- Canine Behaviourist
- Certified Professional Dog Trainer
- Assistance / Service Dog Training Specialist
- Complex Skills (trick training) Specialist
- Substance/Scent Detection Training Specialist
- Certified ‘Good Manners’ Instructor
- Companion Animal Training Instructor
- Canine First Aid Instructor
- Canine Health, Welfare and Care Specialist
- National Dog Trainers Federation
- Member of the Pet Professional Guild Australia
- Member of the Association of Pet Dog Trainers

Canine Consultants Available
- Canine Behaviourist
- Certified Professional Dog Trainer
- Assistance / Service Dog Training Specialist
- Complex Skills (trick training) Specialist
- Certified ‘Good Manners’ Instructors
- Companion Animal Training Instructor
- Canine First Aid Instructor
- Canine Health, Welfare and Care Specialist
- Health Assessment Specialist
- Delta Society uniqueness
- National Dog Trainers Federation uniqueness

Consultation Hours

Monday 11:30 am - 5:00 pm
Tuesday 11:30 am - 5:00 pm
Wednesday 11:30 am - 5:00 pm
Thursday 1:00 pm – 7:00 pm
Friday 1:00 pm – 7:00 pm
Saturday CLOSED
Sunday CLOSED
* Appointments available in exceptional circumstances

Sub-Contract Consultants are all required to hold their own Professional Indemnity (minimum $2 million) and Public Liability insurance (minimum $10 million) and consult on an as needs basis.