

**AUSTRALIAN DRIVER ASSESSMENT PROGRAM and TRAINING
(T/A ADAPT Drink Driver Program).**

P. O. Box 81, Coldstream, 3770, VICTORIA Email: booking@behaviourchangeprogram.com.au

Participant Feedback Form

ADAPT welcomes all kinds of feedback from clients, including complaints, suggestions to improve delivery service. Your feedback is valuable and can assist us in our regular review of our best practice policies.

Please Tick: ☐ Suggestion ☐ Complaint ☐ Compliment

Date: _____ BCP Venue: _____ Facilitator: _____

Your Contact details:

Address and Phone: _____

Email: _____. You do not have to provide your name or contact details for feedback - anonymous feedback is also very much appreciated and valued.

☐ Yes, I would like to be contacted with a response: ☐ Phone ☐ Email
☐ No, please do not contact me

Please give details of your feedback:

For Complaints Register (full contact details MUST be provided)

Please send this form to
Accounts Executive – ADAPT Drink Driver Program
P O Box 81, Coldstream. Victoria 3770

You can also send this form directly to VicRoads:
Drink Drug Drive Behaviour Change Program
GPO Box 2392, Melbourne 3001.

If you wish to make a specific complaint, please include as much detail as possible such as the dates of the event, names (if known) of staff involved.

Signature: _____

Date: _____

*ADAPT will notify VicRoads within 5 business days of receiving any such complaints.
Details disclosed will be: Complainant Name and BCP Program information, Date of complaint, Name of facilitators, description of complaint and action taken.*

**PS: anonymous complaints will not be accepted.*

Date received: _____

