Queensland Government | Medical Aids Subsidy Scheme
Queensland Health

Complaints and Compliments

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: ☐M ☐F ☐ I

MASS staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

Comments - Please attach separate sheet or documents if necessary

I consent to MASS providing the *prescriber* with my name and details of my complaint/compliment: ☐ Yes ☐ No
I consent to MASS providing the *supplier* with my name and details of my complaint/compliment: ☐ Yes ☐ No

MASS Service Area

☐ Communication Aids
☐ Continence Aids
☐ Equipment (Daily Living and Mobility Aids)
☐ Heat Moisture Exchangers
☐ Medical Grade Footwear and Orthoses
☐ Oxygen
☐ Cystic Fibrosis Program (CFP)
☐ Palliative Care Equipment Program (PCEP)
☐ Queensland Artificial Limb Service (QALS)
☐ Spectacle Supply Scheme (SSS)

Applicant or Client Details No name is required if you wish to remain anonymous

First name	Surname
MASS URN (if known)	NDIS participant number (if known)

Contact Details No contact details are required if you do not want to be contacted

Telephone	Email address

When can we contact you?
☐ Anytime ☐ Morning ☐ Afternoon

Are you submitting this form on behalf of an applicant or client?
Leave blank if you wish to remain anonymous

☐ No
☐ Yes - please provide your details:

First name	Surname

Relationship to Applicant/Client:
☐ an advocate ☐ a carer ☐ a supplier
☐ a family member or friend ☐ a prescriber ☐ other

Email OR Post completed form to a MASS Service Centre

Email: MASS184@health.qld.gov.au
Website: health.qld.gov.au/mass

Brisbane:
PO Box 281, Cannon Hill Qld 4170
Telephone: 07 3136 3636

Townsville:
PO Box 980, Hyde Park Qld 4812
Telephone: 07 4433 8000

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