

YOUR SAY CLIENT FEEDBACK FORM

Feedback, suggestions or complaints about our services are appreciated.

Date:	
First name:	
Last name:	
Address:	
Postcode:	
Phone number:	
Location of service: <i>(please tick)</i>	<input type="checkbox"/> East Reservoir Health Centre <input type="checkbox"/> East Reservoir Community Hub <input type="checkbox"/> Northcote Health Centre <input type="checkbox"/> PANCH (Preston) Health Centre <input type="checkbox"/> Other <i>(please specify)</i> _____
Type of feedback: <i>(please tick)</i>	<input type="checkbox"/> Complaint <input type="checkbox"/> Compliment/Thank You <input type="checkbox"/> Suggestion
Do you want us to contact you about this?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a: <i>(please tick)</i>	<input type="checkbox"/> Client <input type="checkbox"/> Agency <input type="checkbox"/> Community Member <input type="checkbox"/> Carer/Relative <input type="checkbox"/> Other <i>(please specify)</i> _____
Is an interpreter needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Details of feedback. (Please provide date, time and staff member as relevant).	



Details of feedback (continued).

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Please hand this form to a staff member, place in the box provided at reception, or return by mail marked Private & Confidential to:

Quality and Integration Manager, 125 Blake Street, East Reservoir, 3073. Or you can telephone (03)8470 1111.

FOR OFFICE USE ONLY	
Date received:	VHIMS No:

