

## HAVE YOUR SAY CLIENT FEEDBACK FORM

Feedback, suggestions or complaints about our services are appreciated.

<b>Date:</b>	
<b>First name:</b>	
<b>Last name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Phone number:</b>	
<b>Gender:</b>	
<b>Location of service:</b> (please tick)	<input type="checkbox"/> East Reservoir Health Centre <input type="checkbox"/> Northcote Health Centre <input type="checkbox"/> PANCH (Preston) Health Centre <input type="checkbox"/> Other (please specify) _____
<b>Type of feedback:</b> (please tick)	<input type="checkbox"/> Complaint <input type="checkbox"/> Compliment/Thank You <input type="checkbox"/> Suggestion
<b>Do you want us to contact you about this?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Are you a:</b> (please tick)	<input type="checkbox"/> Client <input type="checkbox"/> Agency <input type="checkbox"/> Community Member <input type="checkbox"/> Carer/Relative <input type="checkbox"/> Other (please specify) _____
<b>Do any of these describe you?</b> (this section is optional for you to complete - please tick any that apply)	<input type="checkbox"/> Aboriginal or Torres Strait Islander person <input type="checkbox"/> Culturally and/or linguistically diverse <input type="checkbox"/> LGBTQA+ <input type="checkbox"/> Trans or Gender Diverse or Non-Binary <input type="checkbox"/> Intersex <input type="checkbox"/> Refugee or Asylum Seeker <input type="checkbox"/> Person living with disability <input type="checkbox"/> Person experiencing homelessness <input type="checkbox"/> Person living with mental illness <input type="checkbox"/> Prefer not to say
<b>Is an interpreter needed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes



**Details of feedback. (Please provide date, time and staff member as relevant).**

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

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

**FOR OFFICE USE ONLY**

**Date received:**

**VHIMS No:**

