

# HAVE YOUR SAY

## CLIENT FEEDBACK FORM

We value your feedback. Please use this form to share a compliment, make a complaint, or give us a suggestion. You can remain anonymous if you prefer.

### ABOUT YOU

Full Name: \_\_\_\_\_

Phone number/Email: \_\_\_\_\_

Are you a:

- Client     Community Member  
 Agency     Carer/Relative     Other: \_\_\_\_\_

Do any of these describe you? (this section is optional - please tick any that apply)

- Aboriginal and/or Torres Strait Islander     Intersex  
 Culturally and/or Linguistically Diverse     Refugee or Asylum Seeker  
 LGBQA+     Living with a disability  
 Trans or Gender Diverse or Non-Binary

### FEEDBACK

Date of Feedback: \_\_\_\_\_

- Type of Feedback:  Compliment  
 Complaint  
 Suggestion

- Location of service:  wulempuri barrig (East Reservoir)  
 wulempuri dhumba (Northcote)  
 balit wurun (PANCH)  
 Other (please specify): \_\_\_\_\_

Which service does your feedback relate to? \_\_\_\_\_

(Please complete feedback details on back page)

## DETAILS OF FEEDBACK

Please describe your compliment, complaint or suggestion below. Note the date, time and staff member as relevant.

## FOLLOW UP (OPTIONAL)

Would you like to be contacted about this feedback?

Yes       No

If yes, what is your preferred method of contact?

Phone       Email

Would you like to learn more about our Community Advisory Committee, where community voices help shape and improve our programs, services, and facilities?

Yes, I'm interested       No, I'm not interested

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

**Manager Quality and Risk, 125 Blake Street, East Reservoir, 3073**

