

Feedback Form

We value your feedback, and use it to identify what we are doing well, and how we can improve.
Please complete this form return to staff, or by mail, or email info@melvillecares.org.au

Date: ___/___/___ **Name (optional):** _____

Email (optional): _____ **Phone (optional):** _____

You are: Client Carer Family member Other: _____

If you are providing feedback on behalf of a client: **Client Name:** _____

Type of Feedback: General Feedback Suggestion Compliment Complaint

If this relates to a specific event: **Date** ___/___/___ **Time:** _____

What is the feedback about?

Scheduling Communication Bills & Payments

Services (please specify): _____ Other: _____

Details:

Complaints Management

If you have submitted a complaint, we would like you to know that we review and investigate all complaints, and use them to improve the way we do things. Please let us know if there is something in particular you would like to happen in response to your complaint (e.g apology, explanation, change to the way we do things).

If you have chosen not to provide your name & contact details, we will review your complaint but we will be unable to fully investigate and provide a response.