Melville Cares
The heart of community care.

Tell us What you Think

We value your comments and suggestions for improving our service so please tell us what you think and give this form to your Support Worker, any Melville Cares staff person/Volunteer, place in the Suggestion Box at the Melville Cares office or Day Centre or by email to info@melvillecares.org.au

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Are you a –

- ☐ Client or Carer
- ☐ Family member/representative
- ☐ Staff member
- ☐ Volunteer
- ☐ Staff member/Volunteer on behalf of a Client or Carer
- ☐ Other

Client Services Received

- ☐ Day Centre
- ☐ NDIS Services
- ☐ In Home Services
- ☐ Gardening
- ☐ Respite and Recreation
- ☐ Transport
- ☐ Veterans' Home Care

Name (optional): ..... **Date:** .....

COORDINATOR TO COMPLETE

Date Received: .....

Action Plan	Who	By When	Date Completed

CLOSURE

Evaluation *(If appropriate, describe how action/improvements were evaluated and the result):*

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Outcome or end result: *(Tick applicable boxes)*

☐ Issue resolved - no improvements implemented

☐ Improvement implemented

☐ Other *(Describe)*.....

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CLOSED OUT/ COMPLETE:

Coordinator Signature: ..... **Date:**.....

Manager Signature: ..... **Date:**.....