



Client Feedback Form

We value your feedback at all times. Please let us know how you think we are going with meeting your needs through our programs and services.

Simply fill in this form and

- **Leave it in the box at Reception, or**
- **Post it back to us.**

CEO

Ballarat Community Health

P0 Box 1156, Bakery Hill 3354

Date:

Service Accessed:

Site Visited (Please Tick):

☐ Lucas
12 Lilburne Street

☐ COOINDA (Wendouree)
10 Learmonth Road

☐ Smythesdale
19 Heales Street

☐ Sebastopol
260 Vickers Street

What type of feedback would you like to give us? (please tick)



☐ Compliment about our service



☐ Suggestion to improve our service



☐ Complaint about our service

Please provide your comments

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What would you like us to do? (please tick)

| | |
|---------------------------------------|---|
| <input type="checkbox"/> Phone you | <input type="checkbox"/> Respond in writing |
| <input type="checkbox"/> Email you | <input type="checkbox"/> Send you information |
| <input type="checkbox"/> No follow up | |
| <input type="checkbox"/> Other | |

If you would like us to respond to your feedback please provide your relevant contact details

| | |
|-----------------|-----------------|
| Name: | |
| Address: | |
| Phone: | (Home) (Work) |
| | (Mobile) |
| Email: | |

Are you a (please tick)

| | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Client | <input type="checkbox"/> Relative or Carer | <input type="checkbox"/> Agency |
| <input type="checkbox"/> Community Member | <input type="checkbox"/> Staff Member on behalf of Client <hr/> Staff Members Name | <input type="checkbox"/> Other |

Thank you

Your feedback is invaluable in assisting us to continually improve our service.