

CLIENT FEEDBACK FORM



Easy-Go Connect is committed to continuously improve client service standards. To assist us with improvement we require and value your feedback. Please complete this feedback form and return it to:

**The Client Services Manager
Unit F1, Building F,
22 Powers Road
Seven Hills NSW 2147
Phone: 9621 5518 Fax: 9620 4543
www.easygoconnect.org.au**

Name: Date:

Address:.....

Phone number:Email:

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

- Compliment for our service
- Complaint about our service or staff
- Suggestion to improve our service
- Other

When you received this service, what did it relate to?

- Social Outing Shopping Service Hospital Shuttle Individual Transport Service

Date of the service:.....

Please provide your comments

(if you need more room, please attach additional pages to this form)

.....

.....

.....

.....

.....

.....

