



Client Feedback Form




We value your feedback. Let us know how you think we are going with meeting your needs through our programs and services.

Simply fill in this form

- Leave it in the box at reception or
- Post it back to us. **CEO**
Ballarat Community Health
P0 Box 1156, Bakery Hill 3354

Site attended (please tick)	Date
<input type="checkbox"/> APROTCH Cnr Queen & Dyte Parade Ballarat	<input type="checkbox"/> COOINDA (Wendouree) 10 Learmonth Road
<input type="checkbox"/> Ballarat 710 Sturt Street	<input type="checkbox"/> Sebastopol 260 Vickers Street

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

	<input type="checkbox"/> Compliment about our service
	<input type="checkbox"/> Complaint about our service
	<input type="checkbox"/> Suggestion to improve our service

Please provide your comments

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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)
Phone:	(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	<input type="checkbox"/> Other
<hr/> Staff Members Name		

Thank you

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

- | |
|---|
| Please ask our staff for our brochures on <ul style="list-style-type: none"> • Client information rights and responsibility • How to get help with Advocacy • Formal grievance |
|---|