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| The Victorian Aboriginal Health Service welcomes and values all kinds of feedback from clients, including, suggestions, questions and ideas. Your feedback will assist us in our regular review of the services that we provide.  |

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| **My feedback is a:** (please tick a box)[ ]  **Suggestion**[ ]  **Compliment****Response:**[ ]  **Yes**, I would like a response(provide contact details)[ ]  **No** thanks, I do not want a response**I prefer to be contacted by:**[ ]  **Phone**[ ]  **Email**[ ]  **Letter**[ ]  **Not at all** | **Date feedback submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Details:** You do not have to your name or contact details. Anonymous feedback is also welcomed, and will be taken seriously.  |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone/ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **VAHS Site:** [ ] **Fitzroy** [ ] **Preston** [ ] **Minajalku** [ ] **Other** |

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| **Feedback Details:** |
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| **What will happen next:**VAHS is committed to responding to all feedback in an appropriate and timely manner. **Suggestions:** suggestions are often used to help staff improve procedures and services. If there is an element of complaint, and some contact details are provided, suggestions will often receive a formal response and a request to put in a formal complaint will be offered. **Compliments:** we are always grateful for compliments and will pass them onto all relevant programs.  |

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| **Internal Use Only****\*\* Please note this is for general feedback. There is a separate form for a complaint.**  |
| **Date Received:** |  |
| **Actioned By:** |  |
| **Outcome:** |  |
| **Date Closed:** |  |
| **Close by Whom:**  |  |