

COMPLIMENT, COMMENT OR SUGGESTION FORM

Your feedback is valuable and assists us to continually improve performance and the services we provide.

This form is for use by Clients, Carers, Families, Staff, Volunteers or other stakeholders for compliments, general comments or suggestions. If you need help to complete the form, please phone the ALARA office on 3817 0600.

Personal Details*

Title: _____ Surname: _____ First Name: _____

Address: _____ Post Code: _____

Phone: (b/h) _____ (a/h) _____ Email: _____

**Please note, providing your personal details is optional*

Outline of compliment, comment or suggestion:

Outcome:

What outcome do you wish to see happen regarding this compliment, comment or suggestion?

Signature: _____ Date: _____

OFFICIAL USE ONLY

Received on ____/____/____ Passed to _____ for action

Date feedback provided ____/____/____ Signature _____

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