



Goulburn Valley Community Health Service Have Your Say

Feedback, suggestions or complaints about our service are appreciated

Name of Person Providing Feedback (Optional)

TITLE: _____ FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

HOME PH: _____ WORK PH: _____

MOBILE: _____ EMAIL: _____

Type of Feedback (please tick)

COMPLAINT GENERAL FEEDBACK COMPLIMENT / THANKYOU SUGGESTION

DATE: _____

Are you a client of Goulburn Valley Community Health Service? No Yes

Do you want to be contacted further about this? No Yes

Are you a (please tick): CLIENT CARER / RELATIVE COMMUNITY MEMBER
 AGENCY OTHER

Is an interpreter needed? No Yes Preferred language: _____

Details of Feedback (include date, time, and staff member as relevant):

Upon completion please give this form to a staff member, place in the box or return by mail to:

Consumer Liaison Officer
PO Box 1167, Shepparton 3632
Or you can telephone 5823 3200

Private and Confidential



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The information contained on this form will be kept confidential.
 The personal information will not be used for anything other than the
 specific purpose for which you supply it.
Please use block letters to complete this form.

OFFICE USE ONLY

Form No: _____
Was the issue resolved on the spot?
<input type="checkbox"/> Nb
<input type="checkbox"/> Yes. Please complete action taken below
Immediate Action Taken

For compliments forward to the Complaints Manager
For complaints/feedback/suggestions forward to the CEO/delegate

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