


Goulburn Valley Community Health Service

We welcome **Concerns, Compliments and Complaints** from our clients, carers and family members because it helps us identify problems and improve the care we provide.

Have Your Say

Today's date:
What you need to tell us:

The following information is optional ; you do not need to tell us any more if you don't want to. Please circle your answer.				
	Do you need an interpreter?	Yes	No	
Would you like help to fill in this form?		Yes	No	
Is it ok to contact you to find out a bit more information?		Yes	No	
Would you like to talk to a GVCHS staff member?		Yes	No	
Your name:				
Mailing address:				
Home telephone:	Mobile:			
Email address:				
Which of the following best describes you? (please circle the ones that apply to you)				
Client	Carer/Relative	Community Member	Service Provider	Other

The information on this form will be kept Private and Confidential and will not be used for anything other than this specific purpose.

GVCHS might like to include your feedback in reports but none of your personal information will be disclosed. If you **do not** wish us to use your information please tick this box

Please give this form to a staff member, place it in the box at Reception or mail it

You can also speak to the Quality Improvement Coordinator on 5823 3293

Ask our staff for a copy of the GVCHS Privacy & Rights Brochure or visit www.gvchs.com.au