



# Feedback Form

We welcome all feedback as it helps us improve our services.

Type of feedback *(please tick)*     Compliment     Complaint     Suggestion

If you are lodging a complaint, what would be the best outcome for you? *(please tick)*

Apology                       Policy/procedure change     Fee refunded

Service provided             Information provided         Fee waived or reduced

Change/review of decision                       View acknowledged

Other *(please explain)* \_\_\_\_\_

Which program or service is your feedback about? \_\_\_\_\_

Are you a: *(please tick)*     Client     Carer     Relative     Volunteer     Member of the public

Advocate

Your name: *(optional)* \_\_\_\_\_

Your date of birth/age: *(optional)* \_\_\_\_\_

Your phone number: *(optional)* \_\_\_\_\_

We would like to contact you to help us better understand your feedback. Can we call you? *(please tick below)*

Yes *(please provide your phone number above)*                       No

We will provide you with a written response to your complaint. How would you like to receive our response? *(please tick and provide your applicable contact details).*

Email                      Email address: \_\_\_\_\_

Posted letter            Postal address: \_\_\_\_\_

   Town/City: \_\_\_\_\_                      Postcode: \_\_\_\_\_

Please tick this box if you **do not** want a written response regarding the outcome of your feedback.

Do you require an interpreter? *(please tick)*     Yes                       No

If 'Yes', what language do you require? \_\_\_\_\_

Do you identify as an Aboriginal or Torres Strait Islander? *(please tick)*     Yes     No     Prefer not to say

**Please provide your feedback below**

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**Once you have completed the form you can:**

 **Deliver in person:**  
 Hand in at any  
 Latrobe Community Health  
 Service Location

 **Return by mail:**  
 Post free of charge to:  
 PRIVATE & CONFIDENTIAL  
 Quality Officer  
 Latrobe Community Health Service  
 Reply Paid 960  
 MORWELL VIC. 3840

 **Email to:**  
[feedback@lchs.com.au](mailto:feedback@lchs.com.au)

**What happens next?**  
 We will be in touch within 2 working days and give you the contact details of the manager who will investigate your complaint. If your complaint is about a staff member, be assured that the manager will respect your confidentiality in managing the complaint. We aim to investigate and respond to your complaint within 30 working days.

We adhere to privacy and confidentiality legislation.  
 Thank you for understanding our role in protecting the privacy of our clients.

