



# Feedback Form

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

<b>Type of feedback</b> <i>(please tick)</i>	<input type="checkbox"/> Compliment	<input type="checkbox"/> Complaint	<input type="checkbox"/> Suggestion/ General Comment
<b>Which program or service is your feedback about?</b> <input type="text"/>			
<b>Are you a:</b> <i>(please tick)</i>	<input type="checkbox"/> Client	<input type="checkbox"/> Carer	<input type="checkbox"/> Relative
	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other: <i>(please describe)</i>	<input type="text"/>
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Member of the public		

**For Complaints:**

What would be the best outcome for your complaint? *(please tick)*

<input type="checkbox"/> Apology	<input type="checkbox"/> Policy/procedure change	<input type="checkbox"/> Fee refunded
<input type="checkbox"/> Service provided	<input type="checkbox"/> Information provided	<input type="checkbox"/> Fee waived or reduced
<input type="checkbox"/> Change/review of decision	<input type="checkbox"/> View acknowledged	

Other *(please explain)*

We will provide you with a written response to your complaint. How would you like to receive our response?

<input type="checkbox"/> Email*	<input type="checkbox"/> Posted Letter*	<input type="checkbox"/> I do not want a response
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\*Please provide details below

**For all Feedback:**

***Providing personal information is optional but without such details we will not be able to contact you for further information***

I wish to remain anonymous

Your name:

Your date of birth:

Your phone number:

Email address:

Postal address:

If you are providing feedback for someone else, please provide their name below:

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

If 'Yes', what language do you require?

Please provide your feedback below

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**Link Health & Community is owned by Latrobe Community Health Service. All feedback for Link Health & Community is managed through Latrobe Community Health Service.**

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

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

**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

Latrobe Community Health Service supports consumer rights to submit feedback anonymously but may be limited when investigating such complaints. LCHS's complaints procedure adheres to all relevant state and commonwealth privacy and records management legislation and aligns with the 2020 Health Complaints Act complaint handling standards. [Visit the LCHS website for further information.](#)

