Need help completing the form?

If you would like to receive this publication in large print, please contact us **9575 5333**.

If you are deaf or hearing impaired, call the National Relay Service, 133 677.

If you would like the assistance of an advocate, please ask our reception staff for details.

For the translating and interpreting service, please call 131 450.

**Advocacy agencies which may assist you:**
- **Health Commissioner:** 1800 136 066
- **Child Safety Commissioner:** 1300 78 29 78
- **Aged Care Commissioner:** 1800 550 552
- **Elder Rights Advocacy:** 1800 700 600

**What do I do with the form?**

Please post in the ‘Feedback’ box at reception; hand the form to one of our staff, or post it to:

Chief Executive
Connect Health & Community
PO Box 30, Bentleigh East VIC 3165

**Staff Use Only**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Method of Feedback:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Mail ○ In person ○ Phone ○ Email</td>
</tr>
</tbody>
</table>

| Staff name: |
|            |

| Program: |
|         |

| Forwarded to: |
|              |

| Resolved: ○ Yes ○ No |
|                    |

| Action Taken: |
|               |

| Further action required: |
|                         |

| What have we learnt/improvements? |
|                                 |

Tell us what you think
Which service(s) are you writing about?

----------------------------------------

Date:

______________________________

Would you like us to respond?

O Yes   O No

If YES, please provide your details.

Name:

______________________________

Address:

______________________________

______________________________

Phone:

______________________________

Email:

______________________________

What would you like to tell us?
Please write your comments below.

O Compliment
O Suggestion or comment
O Complaint

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What would you like to see happen?

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Any changes you would like to suggest?

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