

Compliments, Complaints & Suggestions

We value you as a client and customer of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd t/a Nhulundu Health Service. It is important to us to continually improve the level and scope of our service delivery to our clients.

Your comments are important to us and we would encourage you to have your say and voice your thoughts, concerns and expressions in an appropriate manner. This form has been provided for your feedback. Please fill it in, and when finished please leave at reception for actioning. Please attach additional pages if necessary.



FEEDBACK

Type of Feedback (*please tick*) Compliment Improvement Suggestion Complaint

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Thank you for your feedback - Staff and Management Nhulundu Health Service

CONTACT DETAILS

It is at the discretion of the Client / Individual to leave their name and details.

Name
Address Phone
Email Date



Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd.

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OFFICE USE ONLY

Feedback Source:

- Client Client with Appointment
 Member External Service Provider
 Walk In Community Member

Feedback Category:

- Access Appreciation of Event Confidentiality or Privacy
 Efficiency Appreciation of Service Cultural Sensitivity
 Responsiveness Staff Courtesy

Mark the Feedback as Confidential: Yes No

Work Area:

Date: