



## Feedback Form

We value your opinion about your experiences with us, and feedback you provide will help us to review and continually improve our services.

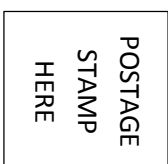
Completing this form is voluntary and will not affect the care you receive. All responses are confidential and will only be used for quality improvement purposes.

If you wish your responses to remain anonymous, please do not put your name on the form or provide any additional information that may indicate who you are.

After completing the form, please place it in one of our locked feedback boxes provided; OR hand it to our staff member; OR seal the sides and Post.

645 Olive Street, Albury, NSW 2640  
PO Box 1076, Albury, NSW 2640

Phone: 02 6041 1977  
Fax: 02 6041 1726  
Email: [email@womenscentre.org.au](mailto:email@womenscentre.org.au)



Manager

**Private & Confidential**

Women's Centre for Health and Wellbeing Albury Wodonga Inc.

PO Box 1076

Albury NSW 2640

DATE: \_\_\_\_\_

Do you have a; (please tick)

- Compliment
- Comment
- Complaint

**Please indicate which area of service you are commenting on; (Please tick)**

- Overall Women's Centre
- Reception/Information/Referral
- Intake/Assessment/Referral
- Counselling
- NILS
- WDVCS
- Trauma Counselling (Rape/Domestic Violence Services)
- Women's Health Clinic
- Health Promotion Activities eg: luncheons
- Group programs
- Other

If other please indicate:

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**Compliments**

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**Comments/ Suggestions**

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We encourage you to provide contact details if making a complaint, as this will assist us to inform you of the complaint outcome.

Your feedback will still be followed up even if you decide to remain anonymous.

*(Optional)*

Your name: .....

Telephone number: .....

Address: .....

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After completing the survey, please place it in one of our locked feedback boxes provided; OR hand it to our staff member; OR seal the sides and Post.